Manitoba Health

Annual Report
2002 – 2003

Manitoba

104-01813/

MINISTER OF HEALTH

Room 302
Legislative Building
Winnipeg, Manitoba, CANADA
R3C 0V8

His Honour, The Honourable Peter Liba
Lieutenant-Governor
Province of Manitoba

May It Please Your Honour:

I have the privilege of presenting the Annual Report of Manitoba Health and the Annual Report of the Manitoba Health Services Insurance Plan for the fiscal year 2002-03. The reports, which are published as one document, are required under *The Department of Health Act* and *The Health Services Insurance Act* respectively.

Respectfully submitted,

Dave Chomiak

Manitoba

Deputy Minister of Health

Winnipeg, Manitoba R3C 0V8
CANADA

The Honourable Dave Chomiak
Minister of Health

Dear Minister:

I am pleased to present the Annual Report of Manitoba Health and the Annual Report of the Manitoba Health Services Insurance Plan for the fiscal year 2002-03.

Manitoba Health is dedicated to improving the health status of all Manitobans, reducing health disparities, and improving accountability to the health system. In addition, our goals include sustaining a universal, comprehensive, accessible and appropriately funded and administered health care system.

Highlights of major achievements of the 2002-03 fiscal year include the following:

- **Pan Am Clinic:** Construction occurred at the Winnipeg Regional Health Authority Pan Am Clinic to expand services and increase the number of surgeries performed each year.
- **Site of Excellence:** Establishment of a Gamma Knife Neurosurgery Site of Excellence to provide Manitobans with cutting edge technology that will expand current patient services, provide alternative treatment and improve clinical outcomes.
- **Public Health Management of West Nile and the threat of SARS**
  Through the Office of the Chief Medical Officer of Health, the public health program oversaw the development, provided surveillance, and planned interventions with other provinces, municipalities and regions for the developing threat of West Nile disease in Manitoba.

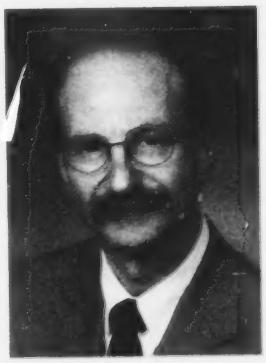
  The threat of SARS infection was addressed in Manitoba through communication with health care providers, surveillance of the symptoms associated with SARS, preparation with the Regional Health Authorities (RHAs) of appropriate acute care and infection control processes, and through contribution to the federal/provincial collaboration during the SARS outbreak development(s) in the country.
- **Performance Deliverables:** An initiative to introduce performance deliverables in RHAs, CancerCare Manitoba and the Addictions Foundation of Manitoba began in Fall 2002. The initiative is intended to provide direction to organizations on where resources should be focused and to hold them accountable for specific deliverables as part of their overall funding allocation.
- **Pharmacare improvements** included the addition of new drugs to the Formulary, streamlined administration, and worked with other provinces for common approaches to pharmacare, including a common drug review mechanism.
- **The Palliative Care Drug Access Program** launched December 9, 2002, permits patients who choose to die at home or another home environment to have the same drug coverage as patients who die in the hospital or a personal care home.

- **Mental health renewal** included an emphasis on the incorporation of mental health services within primary health care. Additional emphasis was placed on prevention and health promotion.
- **Northern health and Aboriginal health strategic initiatives** are leading to improved access to services.
- **Primary health care initiatives** are focusing on the health and wellness of the population. As well, the coordination and integration of "first contact" services is being enhanced.
- **Manitoba Health continued with its administrative restructuring plan** in shifting from a service provider role to a leadership role. The new organizational structure reflects five distinct but inter-related and integrated functional areas: Finance; Regional Programs & Services; Provincial Health Programs; Health Accountability, Policy and Planning; and Health Workforce. The Department continues to work closely with the RHAs to deliver high-quality services across the continuum of care.
- **Patient safety and quality care** continue to be high priorities for Manitoba Health. An integrated patient safety strategy is being developed. This strategy will build on the key priorities for action identified by the National Patient Safety Steering Committee. The strategy will also build on the recommendations of the Sinclair Inquest and the Thomas Report. Policies and procedures focusing on informed consent, reporting of critical incidents, quality audits and improved disclosure, are being implemented.
- **Continued expansion** of nursing education programs occurred. Assistance was provided to the Manitoba Nursing Advisory Council in the implementation and monitoring of the Worklife Taskforce Report to address nursing worklife issues.
- **The Nurses Recruitment and Retention Fund** has assisted over 627 nurses to relocate to Manitoba and over 366 nurses to enroll in refresher programs. Of these, 214 have completed their programs and 182 are employed throughout Manitoba.
- **Manitoba increased its supply of licensed medical practitioners** from 2074 in 2001 to 2122 in 2002.
- **Three (3) International Medical Graduates (IMGs)** completed one year of enhanced medical training and began primary care practice in their sponsoring regions in early 2003 under the Medical Licensure Program for International Medical Graduates. Eight (8) of eleven (11) IMGs were successful in the September 2002 assessment and are participating in enhanced training.

Thanks to the commitment and dedication of our staff, health authorities and health care partners who have contributed greatly to our achievements, we are well positioned to better meet the needs of our citizens now and for the future.

Respectfully submitted,

Milton Sussman



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Preface/Introduction

Report Structure

This Annual Report is organized in accordance with the Department of Health appropriation structure, as set out in the Main Estimates of Expenditure of the Province of Manitoba for the fiscal year ending March 31, 2003. It provides information on the Department and the Manitoba Health Services Insurance Plan.

The report includes information at the Main and Sub-Appropriation levels related to the department's strategic direction, actual results, financial performance and variances. A five year adjusted historical table of staffing and expenditures is provided. In addition, expenditure and revenue variance explanations are provided.

A separate financial section includes the audited financial statements of the Manitoba Health Services Insurance Plan; included with the financial statements is the Schedule of Payments pursuant to the provisions of *The Public Sector Compensation Disclosure Act*.

Role and Mission

Manitoba Health is a line department within the government structure and operates under the provisions of statutes and responsibilities charged to the Minister of Health. The formal mandates contained in legislation, combined with mandates resulting from responses to emerging health and health care issues, establish a framework for the planning and delivery of services.

It is the mission of Manitoba Health to provide leadership and support to protect, preserve and promote the health of all Manitobans. This mission is accomplished through a structure of comprehensive envelopes encompassing program, policy, and fiscal accountability; by the development of healthy public policy; and by the provision of appropriate, effective and efficient health and health care services. Services are provided through regional delivery systems, hospitals and other health care facilities. The Department also makes insured benefits claim payments for residents of Manitoba related to the cost of medical, hospital, personal care, Pharmacare and other health services.

It is Manitoba Health's vision to lead the way to quality health care, built with creativity, compassion, confidence, trust and respect; empower Manitobans through knowledge, choices and access to the best possible health resources; and build partnerships and alliances for health and supportive communities.

It is also the role of Manitoba Health to foster innovation in the health system. This is accomplished through: developing mechanisms to assess and monitor quality of care, utilization and cost effectiveness; fostering behaviours and environments, which promote health; and promoting responsiveness and flexibility of delivery systems, and alternative and less expensive services.

Organization

During 2002-03, Manitoba Health continued with its administrative restructuring plan in shifting from a service provider role to a leadership role in policy, planning, standards, evaluation and accountability. The new organizational structure reflects five distinct but inter-related and integrated functional areas: Finance; Regional Programs and Services; Provincial Health Programs; Health Accountability, Policy and Planning; and Health Workforce.

This Annual Report is organized in accordance with the Department's appropriation structure, which reflects the interim organization chart dated March 31, 2003. Although the new organizational structure is effective April 15, 2002, the change in the appropriation structure for expenditures will not be reflected until 2003-04.

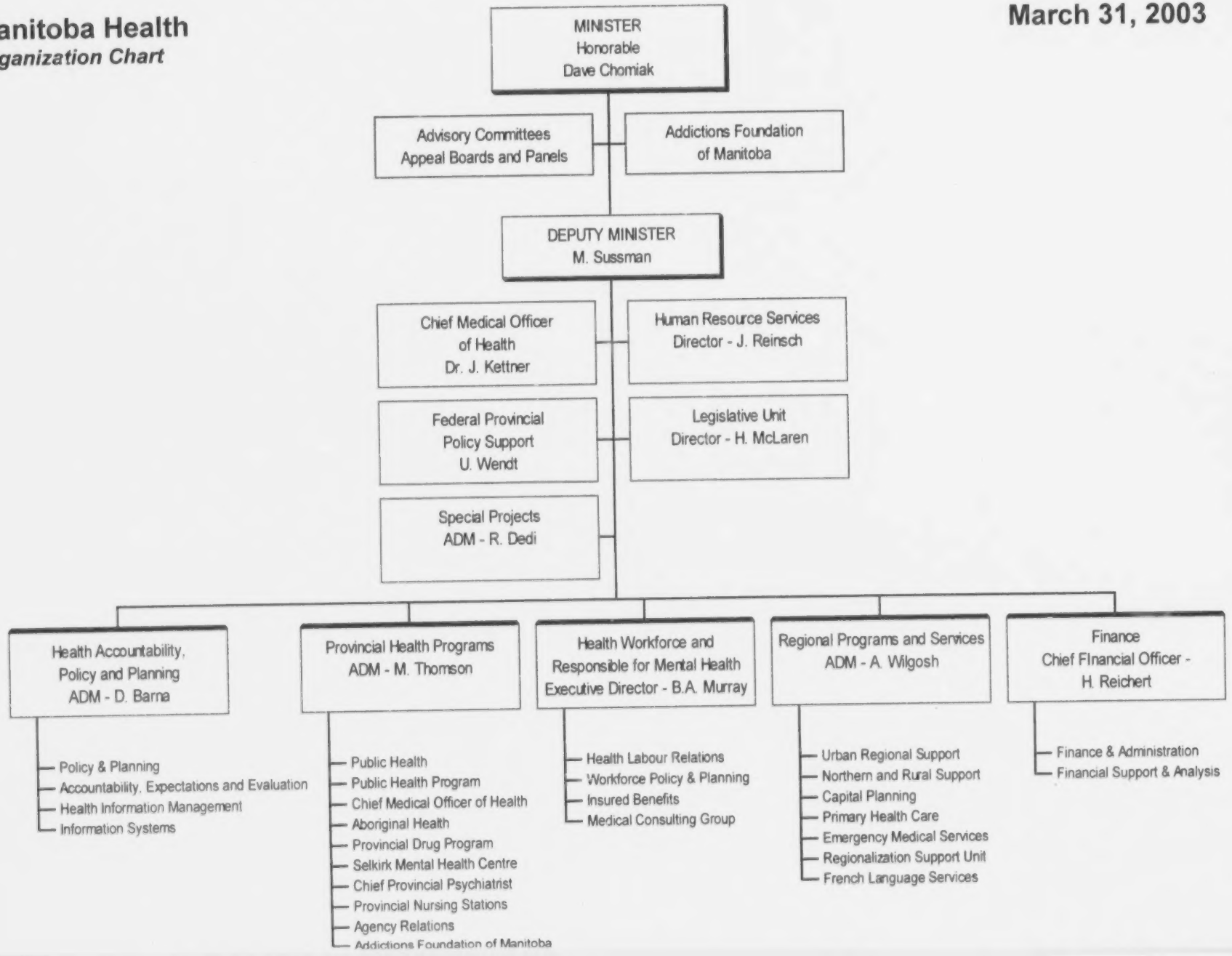
Manitoba Health administers the most complex and the most publicly visible social program provided by government. In any given year, more than 90% of the public will have used some element of the program. Surveys by independent researchers consistently confirm that most users of the health system report that they received good quality care. The vast majority of users report that their particular experience has been excellent, good or satisfactory. At the same time, the public demand for new and expanded services remains high. Public consultations carried out by the Minister of Health a year ago confirmed that waiting lists and service enhancements continue to dominate public concerns.

The challenges we face today are not unique to Manitoba. In February 2003, First Ministers agreed on a historic health accord whereby all provinces and territories would work together with the Federal Government to improve health care for Canadians.

Manitoba Health

Organization Chart

March 31, 2003



Sustainable Development

The Sustainable Development Act (*The Act*) was proclaimed in July 1998. The overall goal of sustainable development is:

> ***Meeting the needs of the present without compromising the ability of future generations to meet their own needs.***

Principles and guidelines of sustainable development have been established to guide Departments in their efforts. For an activity to be sustainable, it must be in compliance with all applicable principles and guidelines of sustainable development.

Section 12(1)c) of *The Act* requires each Department of the Province of Manitoba to integrate into its departmental annual report, progress made in incorporating sustainable development into its activities. Section 12(2) requires the establishment of procurement guidelines, which were adopted in December 2000. The guidelines require each Department to produce a public report on implementation, through the departmental annual report to the Manitoba Legislature.

The following highlights progress and accomplishments of the Department in incorporating the principles, guidelines and procurement goals of sustainable development into its activities:

Sustainable Development Principles

Although each activity of the Department generally addresses more than one principle of Sustainable Development, the following are examples of progress related to each principle and guideline:

Principle 1: Integration of Environmental and Economic Decisions
To meet the intent of Principle #1, a Department would need to ensure:

- its economic decisions and activities adequately reflect environmental, human health and social effects; and
- its environmental and health decisions, activities and initiatives adequately take into account economic, human health and social consequences.

The following examples illustrate those actions that have been taken to foster integrated decision-making, that is accounting for all sustainability factors:

- Developed a Primary Health Care (PHC) Policy Framework which outlines the parameters and key issues that will support the reform of PHC in Manitoba.

Principle 2: Stewardship
To meet the intent of Principle #2, a Department would need to ensure:

- its plans, policies and decisions ensure the economy, the environment, human health and social well-being are managed for the equal benefit of present and future generations; and
- its decisions are balanced with tomorrow's effects.

The following examples illustrate those actions that have been taken to foster consideration of intergenerational benefits and costs of possible courses of action and decisions:

- Enacted *The Drinking Water Safety Act* to:
  - Establish the Office of Drinking Water and set out a legislative scheme to provide for the improved protection of drinking water.
- Amended *The Non-Smokers Health Protection Act* to:
  - strengthen the prohibition against providing tobacco to children, and increase the penalties for this and other offences;
  - place limits on the advertising, promotion and display of tobacco.

Principle 3: Shared Responsibility and Understanding
To meet the intent of Principle #3, a Department would need to ensure:

- it takes responsibility for sustaining the economy, the environment, human health and social well-being and be accountable for its decisions and actions in a spirit of partnership and open cooperation with all Manitobans;
- its decisions and activities reflect Manitoba's shared common economic, physical and social environment;
- it understands and respects differing economic and social views, values, traditions and aspirations in its decision-making and activities; and
- it considers and reflects in its decisions and activities the aspirations, needs and views of the people of the various geographical and ethnic groups in Manitoba, including aboriginal peoples, to facilitate equitable management of Manitoba's common resources.

The following examples illustrate those actions taken to foster a partnership approach to decision-making and program delivery and those actions taken to engage, involve, and reflect the interests of the various communities and groups in Manitoba in departmental decisions and actions:

- Represented Manitoba on the Federal/Provincial/Territorial (F/P/T) Advisory Committee on Population Health and Health Security (ACPHHS).
- Provided leadership in conjunction with other Branches, to the development and shift in fostering of a greater population health approach for an integrated health services delivery system, managed by Regional Health Authorities (RHAs) and based on evidence-based decision-making.
- Discussions continue between the Swampy Cree Tribal Council, the Manitoba Government Employee Union, the Province and the First Nations Inuit Health Branch – Health Canada towards the transfer of Nursing Stations to local Aboriginal Health Authorities in Moose Lake and Grand Rapids.
- Participated in the development of a framework for Quality and Patient Safety through the Federal/Provincial Advisory Committee on Health Services.

Principle 4: Prevention
To meet the intent of Principle #4, a Department would need to ensure:

- its activities and decisions and legislation anticipate, and prevent or mitigate, significant adverse economic, environmental, human health and social effects; and
- have particular careful regard to its decisions and actions whose impacts are not entirely certain but which, on reasonable and well-informed grounds, appear to pose serious threats to the economy, the environment, human health and social well-being.

The following examples illustrate those actions taken to foster an anticipatory and precautionary approach to decision-making with the goal of identifying possible adverse effects on the economy, environment, health or society in advance and preventing or mitigating those effects:

- Completed six provincial policies for RHAs, CancerCare Manitoba (CCMB), Addictions Foundation of Manitoba (AFM), and Selkirk Mental Health Centre (SMHC) related to the Thomas report, including integrated risk management, quality audits, internal disclosure of staff concerns, reporting of critical clinical occurrences and critical occurrences, RHA guide to health services, and reporting of significant changes to the Office of the Chief Medical Examiner (OCME).
- Healthy Lifestyles including diet, smoking cessation and activity was implemented for patients at SMHC.
- Enhanced existing immunization programs with improved mass communications to the public.
- Actively moved to provide leadership and begin implementation of components of the Provincial Sexually Transmitted Disease (STD) Control Strategy. A number of pilot projects have been developed, in collaboration with several RHAs. The primary focus of Manitoba Health's initiatives include addressing gaps in the control of STDs in prison populations, facilitating improvements in STD control in the North, and developing effective preventive strategies for STDs in youth.
- Expanded urine-based STD testing to control and decrease the transmission of sexually transmitted infection in Manitoba.
- In partnership with RHAs and other stakeholders, continued the process of developing, implementing, monitoring and evaluating a province-wide Regional Diabetes Program (RDP). The RDP is an enhancement of the existing community-based Diabetes Education Resource Program and will integrate education into the continuum of diabetes prevention, care, research and support. This initiative is being developed as a public health response to 29 of the 53 recommendations in "Diabetes: *A Manitoba Strategy*".

- Manitoba Health has been participating with other F/P/T agencies to develop uniform and harmonized food standards and food inspection in Canada. A committee chaired by Manitoba Health completed the development of a national bottled water code.
- Implementation of the provincial Tobacco Control Strategy announced in January 2002 by the Minister of Health is underway.
- Established safe response mechanisms for dealing with SARS specimens and acted as an early sentinel for possible SARS cases.
- Worked with the Interdepartmental Working Group on Abuse of the Elderly to develop an information package pertaining to physical and sexual abuse, psychological abuse, financial abuse and neglect.
- Regional Support Services (RSS) worked with the Winnipeg RHA to continue the expansion of the Comprehensive Stroke Program. Stroke prevention clinics were opened in 2002 at the Health Sciences Centre (HSC) and St. Boniface General Hospital, improving services in areas such as treatment, prevention and education.
- Enhancement of the Manitoba Breast Screening Program with an additional mobile mammography unit, enabling an additional 2,000 breast screens in Winnipeg from December 2002 to March 2003.

Principle 5: Conservation and Enhancement

To meet the intent of Principle #5, a Department would need to ensure:

- its activities and decisions maintain the ecological processes, biological diversity and life-support systems of the environment;
- that renewable natural resources are harvested on a sustainable yield basis;
- that those persons who have been allocated provincial resources make wise and efficient use of them; and
- its programs and activities enhance the long-term productive capability, quality and capacity of natural ecosystems.

The following examples illustrate those actions taken to foster protection and enhancement of the ecosystem and the processes that support all life and actions and decisions which foster conservation of resources:

- Established *The Drinking Water Safety Act* to establish the Office of Drinking Water and set out a legislative scheme to provide for the improved protection of drinking water.

Principle 6: Rehabilitation and Reclamation

To meet the intent of Principle #6, a Department would need to ensure:

- it actively endeavours to repair or have repaired damage to, or degradation of, the environment; and
- that the Department builds into its future allocations of and plans for the use of resources the requirement to rehabilitate and reclaim areas and resources which may be damaged.

- This principle was not applicable to departmental activities in the 2002-03 fiscal year.

Principle 7: Global Responsibility

To meet the intent of Principle # 7, a Department would need to ensure:

- it thinks globally when acting locally, recognizing there is economic, ecological and social interdependence among provinces and nation; and
- it works cooperatively, within Canada and internationally, to integrate economic, environmental, human health and social factors in decision-making while developing comprehensive and equitable solutions to problems.

The following examples illustrate those actions taken to foster a global approach to decision-making with the goal of identifying and preventing possible adverse effects outside of the particular target area the decision, action or program is directed at:

- The Support Services to Seniors Program was developed to assist seniors to remain independent in the community. Flexibility in policy allows for variations in communities and promotes a sense of local ownership, a commitment to local solutions, and the use of volunteers from existing support services. There are 88 Resource Councils in Manitoba that deliver a range of services designed to help people remain in their homes and communities for as long as possible, while providing respite to caregivers and delaying entry to Home Care or personal care homes. Services range from congregate meal programs to emergency response systems.

Sustainable Development Guidelines

Guideline 1: Efficient Uses of Resources

To meet the intent of Guideline #1, a Department would need to:

- encourage and facilitate development and application and use of systems for proper resource pricing, demand management and resource allocation together with incentives to encourage efficient use of resources; and
- employ full-cost accounting to provide better information for decision makers.

The following examples illustrate those actions taken to establish or change departmental procedures and processes so as to foster the efficient use of resources through such mechanisms as pricing and incentives and actions taken to move towards full cost accounting of decisions, actions and programs:

- ❑ Development of the Medical Claims History System using browser-based technology.
- ❑ Launched the expansion of the Provincial Health Call Centre.

Guildeline 2: Public Participation

To meet the intent of Guideline #2, a Department would need to:

- use and establish forums which encourage and provide opportunity for consultation and meaningful participation in departmental decision-making processes by Manitobans;
- provide due process, prior notification and appropriate and timely redress for those adversely affected by departmental decisions and actions; and
- strive to achieve consensus amongst citizens and the department with regard to decisions affecting them.

The following examples illustrate those actions taken to establish or change departmental legislation, procedures and processes so as to foster public participation in decision-making, planning, program delivery, etc. and changes made to ensure the processes are fair, that is, the process provides appropriate appeal mechanisms of decisions, etc. and the processes and procedures foster consensus decision-making approaches:

- ❑ Discussions continue between the Swampy Cree Tribal Council, the Manitoba Government Employee Union, the Province and the First Nations Inuit Health Branch – Health Canada towards the transfer of Nursing Stations to local Aboriginal Health Authorities in Moose Lake and Grand Rapids.
- ❑ The Protection for Persons in Care Office (PPCO) was established in March 2001. Under the legislation, those working in health facilities as well as anyone in the general public have a duty to report suspected abuse or the likelihood of abuse to the PPCO.
- ❑ The Manitoba Health Appeal Board receives appeals related to *The Health Services Insurance Act*, *The Ambulance Services Act*, *The Mental Health Act* and the Hepatitis C Assistance Program. It also serves in an advisory role to the Minister by maintaining links between the Minister, the health care community and the community at large.
- ❑ The Mental Health Review Board hears appeals regarding specified aspects of the admission or treatment of a patient in a psychiatric facility.
- ❑ The Appeal Panel for Home Care hears appeals from Manitobans who have requested or are in receipt of Home Care services respecting eligibility or level of service received. The Appeal Panel also serves in an advisory role to the Minister of Health.
- ❑ Patients at SMHC are involved in Patients' Assemblies in each program and on the Centre-wide Consumer Advisory Committee. These two groups advise SMHC on improvements on treatment and services during their stay at the Centre.
- ❑ Availability and accessibility to services and materials in French for Franco-Manitobans was enhanced.
- ❑ Updated the Diabetes and Chronic Diseases Unit web site to enhance communication with a variety of stakeholders about Manitoba Health policy and priority initiatives on diabetes.
- ❑ Continued work with the Provincial Mental Health Advisory Council to develop a provincial policy on meaningful consumer participation; and funded and supported Partnership for Consumer Empowerment to promote consumer capacity building and participation within their communities.
- ❑ A qualitative research study was undertaken to ascertain public understanding of Primary Health Care (PHC) and a strategic planning session with key stakeholders was conducted on how best to proceed in informing Manitobans about new initiatives and investments targeted to improve and reform PHC: what they are, how to access them, and how to have input.

Guideline 3: Access to Information

To meet the intent of Guideline #3, a Department would need to:

- improve and refine economic, environmental, human health and social information related to natural resources and the environment; and
- provide and promote the opportunity for equal and timely access to its information by all Manitobans.

The following examples illustrate those actions taken to improve and update the department's data and information bases and the establishment or changes made to procedures, policy or legislation which make departmental information more easily accessible by the public:

- Human Resources Amalgamated Unit for Health, Family Services & Housing continued to enhance and add to its consolidated on-line web site which serves as a central resource for managers and employees to access policies, collective agreements, benefit information, and job and training opportunity notices.
- Managed Manitoba Health's relationship with the Manitoba Centre for Health Policy (MCHP) and the Canadian Institute for Health Information, including related data provisions to those organizations.
- Continued active participation in the F/P/T committees and their working groups established by Health Canada and the F/P/T Committee of Health Deputy Ministers to advance the national health infrastructure and collaborate on common initiatives.
- Continued active collaboration with Western Health Information Collaborative (British Columbia, Alberta, Saskatchewan, Yukon, Northwest Territories, Nunavut and Manitoba).
- Established the Health Information Standards Council of Manitoba and held its' inaugural meeting.
- Received approvals and launched the expansion of the Provincial Health Call Centre.
- SMHC's Telehealth site was opened May 8, 2002 for follow-up meeting and assessment referrals, discharge planning meetings, tele-visitation for patient and family, tele-education for staff and tele-administration for health care personnel.
- Availability and accessibility to services and materials in French for Franco-Manitobans was enhanced.
- Updated the Diabetes and Chronic Diseases Unit web site to enhance communication with a variety of stakeholders about Manitoba Health policy and priority initiatives on diabetes.

Guideline 4: Integrated Decision-Making and Planning

To meet the intent of Guideline #4, a Department would need to:

- encourage, facilitate, establish and ensure its decision-making and planning processes are efficient, timely, accountable and cross-sectoral; and
- incorporate into its decision-making and planning an inter-generational perspective of future needs and consequences.

The following examples illustrate those actions taken to establish and amend decision-making and planning processes to make them more efficient, timely, etc. and address and account for intergenerational effects:

- Discussions continue between the Swampy Cree Tribal Council, the Manitoba Government Employee Union, the Province and the First Nations Inuit Health Branch – Health Canada towards the transfer of Nursing Stations to local Aboriginal Health Authorities in Moose Lake and Grand Rapids.
- Established and/or maintained partnerships with the RHAs, Health Canada, Canadian Diabetes Association, Manitoba First Nations Diabetes Committee, the private sector, university/academic institutions, professional associations and other government and non-government organizations.
- Manitoba Health has been participating with other F/P/T agencies to develop uniform and harmonized food standards and food inspection in Canada. A committee chaired by Manitoba Health completed the development of a national bottled water code.
- Participated on intersectoral committees to develop strategies to address housing issues for Manitobans living with mental illness.
- Participated on an inter-provincial committee related to the Health Accord and in home mental health supports.
- Participated in a national Health Cross-Jurisdictional Labour Relations Database Committee and provincial efforts to collect information on total compensation and health labour market trends.
- Worked with the Interdepartmental Working Group on Abuse of the Elderly to develop an information package pertaining to physical and sexual abuse, psychological abuse, financial abuse and neglect.

- Development of the *Primary Health Care Policy Framework* was completed and received approval-in-principle. This framework outlines the parameters and key issues that will support the reform of PHC in Manitoba.
- The overall purpose of the Collaborative Practice Training initiative is to develop a formal and sustainable model for collaborative practice training for students of different health care disciplines so that these providers will understand and respect the scope of practice of their Primary Health Care counterparts.

Guideline 5: Waste Minimization and Substitution

To meet the intent of Guideline #5, a Department would need to:

- encourage and promote, within and outside of the Department, the development and use of substitutes for scarce resources where such substitutes are both environmentally sound and economically viable; and
- reduce, reuse, recycle and recover the products the Department uses in its daily operations and encourage, promote and facilitate the 4 Rs in society generally.

The following example illustrates those actions taken to promote the use of substitutes for scarce resources and reduce, reuse, recycle and recover the products, etc. departments use:

- Recycling at the SHMC has significantly reduced SMHC's refuse to the Selkirk Refuse Transfer Station.
- The Department is systematically installing the duplex attachment on network printers to reduce paper consumption.
- The Department has a robust paper recycling program involving the Archive Centre and uses external agencies for cardboard and aluminum can/plastic container recycling.
- The Department has complied with the government wide directive on using recycled paper; improving our purchase to 93% recycled paper.
- In response to the government wide directive the Department has increased its recycled toner cartridge usage.

Guideline 6: Research and Innovation

To meet the intent of Guideline #6, a Department would need to:

- encourage and assist in the research, development, application and sharing of knowledge and technologies which further economic, environmental, human health and social well-being.

The following examples illustrate those actions taken to establish programs, actions which encourage and assist in the research, development, application and sharing of knowledge and technologies which further sustainability:

- In partnership with RHAs and other stakeholders, the Diabetes & Chronic Diseases Unit continued the process of developing, implementing, monitoring and evaluating a province-wide Regional Diabetes Program (RDP). The RDP is an enhancement of the existing community-based Diabetes Education Resource Program and will integrate education into the continuum of diabetes prevention, care, research and support. This initiative is being developed as a public health response to 29 of the 53 recommendations in Diabetes: A Manitoba Strategy.
- Participated in the development and submission of a funding proposal for research into a model that will reduce the common risk factors for chronic disease, in partnership with the Alliance for the Prevention of Chronic Diseases, several RHAs and Health Canada.
- Completed a national study on the prevalence of human metapneumovirus respiratory infections.
- Conducted a study on parasitic enteric disease in Manitoba seniors.
- Performed enhanced West Nile Virus (WNV) testing of a flock of infected domestic geese.
- Evaluated a complex modern system for reporting maternal serum screening results.
- Obtained modern robotic technology to enhance the Provincial Pesticide Screening Program.
- Provided ongoing support and participation in the Canadian Institute for Health Research (CIHR) Need to Know Research project, directed by the MCHP in partnership with Manitoba Health.
- Created the Comprehensive Database Source to inform the RHAs and CCMB of the various types of health-related information/data available to their region and to advise them of the resources available to them for consultation throughout the country.

Sustainable Development Procurement Goals

Goal 1: Education, Training and Awareness

To meet the intent of Goal #1, a department would need to ensure a culture that supports sustainable procurement practices exists within their department by:

- increasing awareness about the benefits of Sustainable Development Procurement among departments, employees and vendors; and
- expanding the knowledge and skills of procurement practitioners and end users.

- ❑ The internal Web site for sustainable development communication within the Department is still in the development stage.
- ❑ Government wide directives on sustainable development initiatives (i.e. recycled papers and toner cartridges) distributed to staff.
- ❑ Staff involved with the procurement of stationary products have been encouraged to select "Green" products whenever possible.

Goal 2: Pollution Prevention and Human Health Protection

To meet the intent of Goal #2, a department would need to protect the health and environment of Manitobans from possible adverse effects of their operations and activities, and provide a safe and healthy working environment by:

- reducing their purchase and use of toxic substances; and
- reducing solid waste sent to landfill from Government of Manitoba owned or leased facilities occupied by the department.

- ❑ Effective April 1, 2002, smoking by staff in buildings and government vehicles is prohibited with the intention of moving to a "smoke free working environment".
- ❑ Cadham Provincial Laboratory (CPL) is the "early warning system" for the Minister of Health to warn of impending outbreaks. This allows the Province to be proactive, rather than reactive, to public health concerns.
- ❑ Rolled-out Transport of Dangerous Goods compliant shipping containers to rural diagnostic units.
- ❑ Converted to a modern blood culture system to minimize contamination, permit enhanced tracking capability and meet accreditation requirements.
- ❑ Expanded urine-based STD testing to control and decrease the transmission of sexually transmitted infection in Manitoba.
- ❑ Established safe response mechanisms for dealing with SARS specimens and acted as an early sentinel for possible SARS cases.
- ❑ Completed a national study on the prevalence of human metapneumovirus respiratory infections.
- ❑ Enacted *The Drinking Water Safety Act* to:
  - Establish the Office of Drinking Water and set out a legislative scheme to provide for the improved protection of drinking water.
- ❑ Amended *The Non-Smokers Health Protection Act* to:
  - strengthen the prohibition against providing tobacco to children, and increasing the penalties for this and other offences.
  - place limits on the advertising, promotion and display of tobacco.
- ❑ Amended *The Public Health Act* to:
  - permit the seizure and forfeiture of inhalants that are used as intoxicants, such as gasoline, nail polish and glues.

Goal 3: Reduction of Fossil Fuel Emissions

To meet the intent of Goal #3, a department would need to reduce fossil fuel emissions of their operations and activities by:

- reducing both consumption and emissions of vehicle fuels; and
- as a substitute for regular fuels, increase their use of ethanol-blended fuels and alternative energy sources.

- ❑ This goal was not applicable to departmental activities in the 2002-03 fiscal year.

Goal 4: Resource Conservation

To meet the intent of Goal #4, a department would need to reduce their use and consumption of resources in a sustainable and environmentally preferable manner by:

- reducing the total annual consumption of utilities including natural gas, electricity, propane, fuel oil and water in all leased or owned Government of Manitoba buildings and premises occupied by the department; and
- within the context of reduced resource use, increase the proportion of environmentally preferable products and environmentally preferable services used by the department.

- The Department works with Manitoba Hyrdo to ensure that facility construction projects meet Hydro's standards for energy efficiency and are Power Smart (i.e. Gimli Health Centre renovation).
- Corporate policies, manuals, forms, applications, etc., are available on the intranet. Insured Benefits issued 23,500 new medical certificates via telephone versus written requests.

Goal 5: Community Economic Development

To meet the intent of Goal #5, a department would need to ensure that their procurement practices foster and sustain community economic development by:

- increasing the participation of Aboriginal peoples and suppliers in providing for the department's goods and services needs;
- assisting in the development and growth of local environmental industries and markets for environmentally preferable products and services; and
- increasing the participation of small businesses, community based businesses and Co-ops in the department's procurement opportunities.

- Implemented the Aboriginal Human Resource Strategy in Burntwood RHA and initiated this strategy in Nor-Man region.
- Brandon RHA established a preliminary Aboriginal Elder Program.

Provincial Sustainability Indicators

The process of developing a set of provincial sustainability indicators began with the *Act's* proclamation and enforces the Province of Manitoba to establish a set of sustainability indicators by July 2001. A provincial sustainability report, based on these indicators, must be developed by July 2005.

The purpose of the Provincial Sustainability Indicators Initiative is to establish a set of indicators for sustainability reporting that will provide information on the key vital signs of Manitoba's environment, economy, human health and social well-being and discuss their linkages and interdependencies. This is intended to provide the basis for making better informed, holistically based decisions, to ensure future generations have the same or better opportunities we do. It will aid in benchmarking as well as monitoring trends and determining progress toward established targets. Under the Sustainability Indicators Initiative, the indicators for Health deal with such things as:

- Healthy lifestyle choices
- Use of health services relative to need
- Potential years of life lost
- Infant mortality rate
- Ability to function

In July 2001 Government accepted the categories of indicators as recommended by the Manitoba Round Table for Sustainable Development on an interim basis. The Department is providing data and interpretative analysis for the selected health indicators and is participating in the working group that will be developing the report.

Administration and Finance

Minister's Salary

Provides the Minister of Health with the additional compensation to which an individual appointed to the Executive Council is entitled.

1(a) Minister's Salary

Expenditures by Sub-Appropriation	Actual 2002/03 $(000's)	FTE	Estimate 2002/03 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	28.3	1.00	28.4	(0.1)	
Other Expenditures					
Total Sub-Appropriation	**28.3**	**1.00**	**28.4**	**(0.1)**	

Executive Support

Executive Support provides for the operation of the offices of the Minister of Health and the Deputy Minister of Health.

The purpose of the Executive Support function is to advise the Minister on all policy and program matters related to the Department; provide executive leadership, direction, and administration of the activities of the Department to meet government policy objectives; and provide administrative support for the offices of the Minister and Deputy Minister.

1(b) Executive Support

Expenditures by Sub-Appropriation	Actual 2002/03 $(000's)	FTE	Estimate 2002/03 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	753.7	11.00	591.4	162.3	1
Other Expenditures	237.5		111.3	126.2	2
Total Sub-Appropriation	**991.2**	**11.00**	**702.7**	**288.5**	

Explanation Number:

1. *The over-expenditure is primarily due to unachieved staffing vacancy allowances and staff secondments.*
2. *The over-expenditure is due to increased professional services and various miscellaneous items.*

Finance and Administration

The Finance and Administration Branch is responsible for managing the internal financial affairs of Manitoba Health including the Manitoba Health Services Insurance Plan, and coordinating administrative support services to meet departmental operating requirements. The Branch as a whole provides budgetary, financial and administrative services to the Department and supports management in the delivery of departmental programs.

The Branch also takes on the role of Comptroller to provide policy and guidance on fiscal related matters, to ensure the department, as a whole, is not exposed to an unacceptable level of risk. It also administers the Departmental Audit Program and is responsible for fulfilling the Secretariat function for the Department's Finance and Audit Committee.

As part of the Department's reorganization, the Finance and Administration Branch became one of two branches contained within the Department's Finance Division. The reorganization resulted in a number of changes, including the transfer-in of the Residential Charges Unit and the transfer-out of various resources to Financial Support and Analysis Branch.

Budget Services

Budget Services coordinated and monitored the preparation and distribution of various Departmental submissions, including annual Estimates documents, quarterly cashflow analysis and variance reporting, financial statements for the Health Services Insurance Plan, and Supplementary Information for Legislative Review, all within guidelines and established time frames.

Accounting Services

Accounting Services prepared a complete annual Financial Statement package including working papers for the Health Services Insurance Fund (HSIF) as required by *The Health Services Insurance Act* to be included in the Department's Annual Report. The Unit prepared and distributed accurate and timely monthly financial statements of the HSIF to senior management for decision making purposes. The Unit also administered $53.8 million in trust funds, maximizing return on investment and ensuring timely payment of interest and redemption of debentures. The Unit also processed for payment 3,000 invoices on behalf of the Department and the HSIF.

Administrative Services

Administrative Services delivered a variety of services within the Department such as, administering 177 contracts valued at $20.9 million and maintaining 9 locations of accommodation with 12,873 square meters of space. This Unit also managed the Departmental fleet program of 30 vehicles and 167 parking stalls, maintained telecommunication and security and processed three third party claims directly through Insurance and Risk Management.

Capital Finance

This Unit managed capital financing for completed and in-progress capital projects and equipment approvals for Regional Health Authorities/Health Facilities. In 2002-03, the varied debt portfolio exceeded $640.3 million, net of accumulated sinking funds, with interest payment requirements of $54.7 million and principal payments of $47.5 million for total debt payments of $102.2 million. The debt portfolio includes 258 financial arrangements for RHAs on completed capital projects; and 60 financial arrangements on capital projects and equipment approvals in-progress as at March 31, 2003.

Residential Charge Services: (Activities)

The Residential Charge Program for long term care clients ensures that there is an equitable rate structure in place in order to maintain an appropriate level of revenue, which, in turn, partially offsets total costs of long term care for the RHAs. This is achieved by the management of a rate assessment, review and appeal process for all long-term care clients.

During 2002-03, the Unit received approximately 1,200 requests for review of residential charges. Clients not satisfied with the outcome of the review may pursue their Appeal with the Manitoba Health Appeal Board. Program staff summarize the Appeals for the Board and represent Manitoba Health at Appeal Hearings. During the 2002-03 rate year, 250 appeals were presented to the Manitoba Health Appeal Board.

Federal/Provincial Policy Support

The Federal/Provincial Policy Support unit provides policy, organizational and analytic support on federal/provincial and inter-jurisdictional matters including cooperative initiatives. The unit provided rapid turnaround policy research, strategic analysis, vision development, environmental scans, issues analysis, trend analysis and forecasting while ensuring a coordinated approach to federal/provincial health discussions.

1(c) Finance and Administration

Expenditures by Sub-Appropriation	Actual 2002/03 $(000's)	FTE	Estimate 2002/03 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	2,288.4	46.00	2,415.8	(127.4)	
Other Expenditures	769.2		622.7	146.5	1
Total Sub-Appropriation	**3,057.6**	**46.00**	**3,038.5**	**19.1**	

Explanation Number:

1. *The over-expenditure is primarily due to increased professional services and other services costs due to funding of Health Cross-Jurisdictional database and minor capital-building improvements.*

Human Resources

The Human Resource Services Branch develops, implements and maintains effective human resource programming and services to support achievement of departmental goals and objectives while conforming to government policy, legislation and collective agreements.

The Branch continued to provide a wide range of human resource services to management and employees in recruitment and selection; job design and classification; organizational design and development; compensation and benefit administration; staff development and training; labour relations and contract administration; policy, procedure and standards development; and human resource management advice and support.

Major accomplishments during 2002-03:

- An audit to review the Department's delegation of classification authority from the Civil Service Commission for the period from April 1, 2000 to March 31, 2002 was undertaken in the fall of 2002, with extension of classification delegation until March 31, 2006.
- Conducted 50 classification reviews as per agreement with the Civil Service Commission for classification delegation.
- Employed 42 students through STEP services in Summer 2002 (full-time) and Winter 2002-03 (part-time).

- Coordinated work experience placements for students enrolled in business and vocational training programs throughout the year.
- Assisted in placing Secondary Education students participating in Co-operative Work Experience Programs and enrolled in Computer Technology Education Programs into the Information Systems Branch of the Department. These programs enhance the Department's ability to meet Employment Equity goals, as many students who are target group members are often later successful in securing entry-level positions.
- Provided ongoing assistance to management in addressing chronic recruitment and retention difficulties regarding staffing to Northern Nursing Stations, Medical Officer, and Pharmacist positions.
- Continued to provide career development opportunities for employees through job rotation, acting status, secondments and cross-functional training.
- Human Resource Services has been actively involved in the Departmental reorganization and has now finalized the senior management appointments for the new structure.
- The Employee Contribution and Development Program was enhanced with the addition of core competencies, key behavioural descriptors and additional support materials placed on the consolidated site.
- The transfer of community Psychiatric services to Winnipeg, Brandon and Interlake Regional Health Authorities was completed in May 2002.
- Discussions continue between the Swampy Cree Tribal Council, the Manitoba Government Employee Union, the Province and the First Nations Inuit Health Branch – Health Canada towards the transfer of Nursing Stations to local Aboriginal Health Authorities in Moose Lake and Grand Rapids.
- Human Resources Amalgamated Unit for Health, Family Services & Housing continued to enhance and add to its consolidated on-line web site which serves as a central resource for managers and employees to access policies, collective agreements, benefit information, and job and training opportunity notices.

1(d) Human Resources

Expenditures by Sub-Appropriation	Actual 2002/03 $(000's)	FTE	Estimate 2002/03 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	846.8	19.79	974.4	(127.6)	
Other Expenditures	147.0		126.4	20.6	1
Total Sub-Appropriation	**993.8**	**19.79**	**1,100.8**	**(107.0)**	

Explanation Number:

1. *Miscellaneous operating over-expenditures.*

Corporate Services

Provides leadership and support to internal and external clients with a focus on policy, legislation, data access and analysis, complaints management, correspondence and information resources, and French Language Services.

Correspondence Unit

The Correspondence Unit coordinates the process of ministerial correspondence within the Department of Health in response to the several thousand written requests that Manitobans send each year to the Minister of Health.

The Correspondence Unit acts as an agent of the Minister of Health in analyzing and processing client concerns while interpreting public policy for consistent messaging in response to the correspondence, and in the production of the Minister's Housebook and other documents.

Information Resources

The Information Resources Unit provided direct support to the Regional Health Authorities (RHAs) public health programs and services, through the distribution of health educational videos and by filling orders for health educational print material.

In February 2003, the administration of the printing and distribution of health educational print materials was transferred from Manitoba Health to the Regional Health Authorities of Manitoba, Inc. (RHAM) - the umbrella organization that represents all the RHAs in the Province. The entire collection of health educational print material housed at Manitoba Health and the funding to print and distribute these materials were given over to RHAM.

The Provincial Joint Management Committee on Health Information, with representatives from Manitoba Health and the RHAs, continues to have the responsibility for reviewing the print collection and for developing a web site for display of print materials.

Provincial Concerns Management

Work was done by the Provincial Integrated Concerns Management (PICM) Working Group, which includes representation from Manitoba Health and the RHAs, on a PICM System.

The PICM System, based on an integrated model of complaint management, wherein the client has access to a number of resources, is supported by the following principles:

- A system that is client-focussed and accessible, with an easy to understand chain of command and who's who, as well as user-friendly mechanisms for navigating the system and registering complaints.
- Responsive to client feedback and concerns in a timely and satisfying manner, with a data collection system that assists each RHA in maintaining and enhancing health care services amongst the facilities and practitioners.
- Transparent, accountable and compliant with *The Personal Health Information Act*.

The PICM Working Group presented to senior representatives from the RHAs on a centralized system of complaint resolution. In addition, a Working Group sub-committee developed a permanent policy for the reporting of permanent critical clinical/non-clinical incidents from the RHAs to Manitoba Health.

Web Services

The Manitoba Health Web Services Unit is primarily responsible for developing, delivering and maintaining all public information, online services and applications related to the department, while adhering to the Government of Manitoba's Web policies, guidelines and standards.

In addition, the Unit ensures site accessibility to persons with disabilities by following World Wide Consortium guidelines, provides communication support services to the department, and disseminates information to departmental employees via regular e-mail news services.

In 2002-03, the Manitoba Health web site received 4,064,169 page views (or "hits") from 349,257 unique visitors.

French Language Services

Responsibility for the Government of Manitoba French Language Services Policy in Manitoba Health falls under the purview of the Deputy Minister of Health.

The French Language Services (FLS) Unit was transferred to Regional Support Services during the 2002-03 fiscal year.

The goals of the FLS Unit, are to ensure that Franco-Manitobans have availability and accessibility to services in French within Manitoba Health, and that the Regional Health Authorities (RHAs) have improved capabilities to provide essential health services in Francophone-designated areas.

Major accomplishments during 2002-03:

- Increased the amount of French language pages on Manitoba Health web site (e.g. Mental Health, Insurance information, West Nile Virus updates, etc.).
- Produced French brochures (e.g. Mental Health, West Nile Virus, Hantavirus, Palliative Care, Out-of-Province Coverage, etc.).
- Assisted with the translation of Information Sheets for Addictions Foundation of Manitoba (AFM) (Acid, LSD, Alcohol, Cocaine, etc.).
- Assisted with the translation of AFM Annual Report 2001-02.
- Assisted with the translation of information for the AFM web site.
- Assisted with the translation of the Alzheimer Strategy Report.
- Assisted with the translation of Fact Sheets and Update Bulletins (e.g. Influenza, SARS, West Nile Virus, Ground Meat Safety Reminder, Hepatitis B, etc.).
- Assisted with the translation of News Releases, Radio Scripts and Print Ads.
- Assisted with the translation and production of Manitoba's Health Indicators Report.
- Availability and accessibility to services and materials in French for Franco-Manitobans was enhanced.

Health Information Management

The mandate of the Health Information Management (HIM) Branch is to provide a coordinated information management function that provides: timely access to information; expert data analysis, interpretation and research support; and leadership in the areas of health information strategies, policies and standards.

The HIM Branch, provides policy direction, consultation, coordination, data privacy and security, data analysis and dissemination related to content, use and disclosure of the major data holdings of Manitoba Health.

Summary of Activities:

- Maintained and developed the data infrastructure for third party reporting and data access to departmental data sets (e.g., population registry, hospital abstract, medical claims).
- Provided regular and ad hoc statistical reporting to the Minister and executive officers, branches and programs of Manitoba Health, Regional Health Authorities (RHAs), external agencies, researchers, the media, and the general public.
- Provided statistical support to the Medical Review Committee and Patient Utilization Review Committee.
- Provided expert data, policy and administrative support to the Health Information Privacy Committee, under *The Personal Health Information Act*, which approves the release of all personal health information held by government and crown agencies.
- Managed Manitoba Health's relationship with the Manitoba Centre for Health Policy and the Canadian Institute for Health Information, including related data provisions to those organizations; and
- Participated in health information system development, indicator development and reporting, research and policy initiatives that are driven by or dependant upon health data.

Health Information Privacy Committee

The Health Information Privacy Committee is responsible for approving health research projects that use personal health information held by government departments or crown agencies. The Committee is comprised of eight members appointed by the Minister of Health, representing the Chairs of the Regional Health Authorities, The College of Physicians and Surgeons of Manitoba, The College of Registered Nurses of Manitoba, The Manitoba Pharmaceutical Association, The Manitoba Health Records Association, and The Senate of the University of Manitoba. In 2002-03, the Committee held seven meetings and approved 22 research proposals.

Legislative Unit

The Legislative Unit is responsible for ensuring that the legislation (Acts and regulations) for which the Minister of Health has statutory responsibility reflects government policy and supports the programs and initiatives related to health and to the provision of health care in Manitoba. Staff from the Legislative Unit serve as Manitoba Health's representative on The Professional Regulatory Network and on The Privacy Assessment Review Committee establishment under *The Freedom of Information and Protection of Privacy Act* (FIPPA).

The Legislative Unit coordinates the development of new health legislation and amendments to existing health legislation and its conduct through Cabinet or the Legislature. In addition, the Legislative Unit:

- Reviews government and other Bills at both the federal and provincial levels to assess the impact on health policy and legislation.
- Provides advice and assistance respecting ongoing implementation of *The Personal Health Information Act* (PHIA).
- Monitors and advises on compliance with the Agreement on Internal Trade (Labour Mobility Chapter) by regulated health professions.
- Processes requests for information under FIPPA.

Major accomplishments during 2002-03:

- Prepared detailed Legislative Proposals for *The Medical Laboratory Technologists Act*; *The Hearing Aid Amendment Act*; *The Occupational Therapists Act*; *The Registered Dietitians Act*; *The Medical Amendment Act* (Physician Profiles and Miscellaneous Amendments); *The Drinking Water Safety Act*; *The Non-Smokers Health Protection Amendment Act* and *The Public Health Amendment Act* (Intoxicating Substances).
- Assisted in the development of the amendments to *The Public Health Act* included in *The Security Management Act* (various acts amended) and in the development of *The Environment Amendment Act* and the amendments to health related legislation included in *The Charter Compliance Act* (various acts amended).
- Made presentations throughout the Province and provided advice on implementation of PHIA.
- Participated in the development of a working draft of a new *Public Health Act*.
- Participated in a Federal/Provincial/Territorial Working Group respecting the privacy of personal health information.
- Co-Chaired the Federal/Provincial/Territorial Working Group on Trade Agreements.
- Assisted in the development of required regulation amendments under various health related legislation.
- Provided information sessions to health professionals, regional health authorities and students, on legislation and the legislative process.
- Processed 123 requests for information under (FIPPA).
- The following Committees/Working Groups were established in 2002:
  - The Personal Health Information Act Review Committee was established to undertake the review of *The Personal Health Information Act* as required in that Act.
  - The Physician Profiles Steering Committee was established to develop physician profiles that can be accessed by the public.

As of March 2002 the Legislative Unit is part of the Office of the Deputy Minister of Health and reports directly to the Deputy Minister.

1(e) Corporate Services

Expenditures by Sub-Appropriation	Actual 2002/03 $(000's)	FTE	Estimate 2002/03 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	1,619.2	35.00	2,073.3	(454.1)	1
Other Expenditures	636.8		582.2	54.6	
Total Sub-Appropriation	**2,256.0**	**35.00**	**2,655.5**	**(399.5)**	

Explanation Number:

1. *The under-expenditure is due to vacant positions and under utilized contract funds.*

Protection for Persons in Care Office

The Protection for Persons in Care Act is designed to protect Manitobans in hospitals and personal care homes against physical, sexual, mental, emotional and financial abuse at the hands of family members, acquaintances or caregivers. The legislation created a formal process for reporting, investigating and resolving allegations or suspicions of abuse in health care settings.

The Protection for Persons in Care Office (PPCO) was established in March 2001. Under the legislation, those working in health facilities as well as anyone in the general public have a duty to report suspected abuse or the likelihood of abuse to the PPCO.

Major accomplishments during 2002-03:

- Monitored an abuse reporting line. In the fiscal year 2002-03, the PPCO received approximately 474 reports of alleged abuse in Manitoba health care facilities.
- Received and investigated reports of suspected abuse in accordance with established guidelines and principles.
- Reviewed and analyzed reports for validity and nature of complaint. A total of 346 incidents were resolved before investigation including identification of reports as being either Below Threshold, Outside the *Act*, having to be referred to another agency or organization, or Unfounded. In addition, 31 cases were actively going through the inquiry process as of March 31, 2003.
- Investigated and/or referred to a professional regulating body, ninety-seven incidents of alleged abuse.
- Developed statistical and analysis reports for ministerial review. Quarterly Advisory Notes were forwarded to the Minister as well as updates to the Regional Health Authorities (RHAs).
- Provided ongoing education and training for the public and health care staff and organizations about the *Act* and the identification and prevention of abuse. Over 1,000 individuals (primarily health care facility staff and administration) received education and training during 2002-03.
- A Provincial Advisory Committee on Protection for Persons in Care with representatives from each RHA and from Manitoba Health recommends resolution of anticipated issues with the legislation, and confirms training strategies for RHA and facility staff on the *Act*, the PPCO and abuse prevention.

1(f) Office of Protection for Persons in Care

Expenditures by Sub-Appropriation	Actual 2002/03 $(000's)	FTE	Estimate 2002/03 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	274.3	4.50	219.7	54.6	1
Other Expenditures	184.1		217.4	(33.3)	2
Total Sub-Appropriation	**458.4**	**4.50**	**437.1**	**21.3**	

Explanation Number:

1. *The over-expenditure is primarily due to unachieved staffing vacancy allowances.*
2. *Miscellaneous operating under-expenditures.*

Program Support Services

This main appropriation provides for the management and administration of program support services. It also provides grant funding for health policy evaluation and research initiatives.

Insured Benefits Services

The Insured Benefits Branch administers the Medical Program, Inter-Provincial Reciprocal Agreements, the Hospital Abstract Program, Out-of-Province Benefits, Audit & Investigations, the Third Party Liability Program and the Transportation Subsidy Program. Staff of the Branch participate in and support the following processes:

- Setting of fee schedules.
- Establishing benefits.
- Negotiating benefit changes with professional associations involved in the provision of health care.
- Conducting of investigations to ensure compliance with health legislation.
- Participating on national committees to discuss health related issues, which impact on health care delivery to Manitoba residents.
- Assessing requests for Out-of-Province and Out-of-Canada referrals.
- Investigating and recovering incorrectly paid funds.

Registration and Client Services

The Registration and Client Services Unit manages the registration of all individuals in Manitoba eligible for health care benefits provided under *The Health Services Insurance Act*. The Client Services section handles client questions related to the registration process and the application requirements for other health care benefits. The Unit works collectively to ensure that residents of Manitoba receive the benefits to which they are entitled.

- Visits to the Client Services counter increased from 88,313 in 2001-02 to 106,838 in 2002-03. Client Services handled 117,381 telephone inquires in 2002-03.
- Clients with the required documentation are issued registration certificates at the time of application. The number of certificates issued increased from 56,970 in 2001-02 to 71,050 in 2002-03.
- There were 34,973 address changes and certificate replacements made.
- Customers who mail their application for registration wait approximately 2 weeks before receiving their registration certificate. The Registration and Client Services sections issued 20,356 new registration numbers to residents of the Province, in addition to 16,094 new certificates for 18 year-old individuals receiving their own individual registration numbers and 26,698 status changes (e.g. newborns, marriages, separations and deaths).
- The Family Doctor Connection Program handled 29,684 inquiries in the 2002-03 fiscal year.

Medical and Hospital Programs

Medical Claims

The Medical Claims section is responsible for activities, which include the following:

- Registration of eligible health care practitioners.
- Assessment and processing of medical claims for payment of insured health care services provided by practitioners to Manitoba residents. In the past year 15.9 million physician services; 158,400 optometric services; 831,315 chiropractic services and 3,500 oral surgery services were processed.
- Monitoring of billing practices of practitioners, in order to identify and interpret current and emerging trends in the delivery of health care services.

A reciprocal agreement exists between the Provinces/Territories, which permits physicians to bill the health plan of the province in which services are provided when services are provided to residents of other provinces. In this regard, Manitoba Health processed 233,210 services for recovery of payments for services provided by Manitoba physicians.

Out of Province Claims/Reciprocal Agreements

Medical Referrals

- Approval or denial of applications from Manitoba physicians requesting funding for patient treatment outside Manitoba and for benefits under the Manitoba Transportation Subsidy Program. This involves providing direction and administrative assistance to physicians in obtaining funding for necessary and appropriate care for their patients that is not available in Manitoba and in some instances may not be available elsewhere in Canada. Staff also provide direction, assistance and support to residents who must travel outside the Province to obtain medically necessary services. During 2002-03, this area received 1,244 requests from Manitoba specialists for coverage of services outside Manitoba. Travel subsidies totalling approximately $899,076 were provided to 714 patients for 845 international and domestic trips.

Emergency Care

- Assessment and payment of claims for emergency care provided to Manitoba residents while temporarily travelling or residing outside of Canada. Manitoba residents incurred 5,731 claims from physicians as well as 2,341 outpatient visits and 2,206 inpatient days for emergency care in hospitals outside of Canada.

Inter-Provincial Billing Agreements (for emergency, referred or elective services)

- Under the terms of the *Canada Health Act* and the Inter-Provincial Reciprocal Billing Agreements, Manitoba Health made payment to other provinces and territories of $17.5 million for physicians fees and $21.0 million for hospital services on behalf of Manitoba residents who received care elsewhere in Canada.
- It should be noted that Manitoba is a net beneficiary of reciprocal agreements. Recoveries processed by Manitoba Health as a result of billings to other provinces and territories for care provided to their residents totalled $9.2 million for physicians fees for 233,210 services and $28.6 million for hospital services in 2002-03.

Medical Assessment

- Medical Assessors and practice consultants provide medical expertise to the physician community, senior management and internal committees regarding insured services, fee negotiations, claims processing and the management of the insured benefits system. The medical assessors serve as a liaison with other provincial health care plans to determine and monitor inter-provincial trends in health care delivery. In addition the medical assessors provide assistance to processing staff in assessing complex or unusual claims.

Audit & Investigations

Staff in this area are responsible for ensuring the integrity of various programs. Objectives are accomplished by:

- Performing risk assessment/management audits.
- Assessing funding agreements.
- Identifying inappropriate practitioner billings, individual registrant overuse, or inadvertent billing errors that indicate areas for improvement in the program.
- Developing and implementing remedial action to strengthen the integrity of the program.
- Recovering improperly paid benefits from providers and recipients of service.

In 2002-03 investigations resulted in the recovery of $56,681 in inappropriate billings.

Third Party Liability Program

The Third Party Liability Program staff is responsible for the recovery of insured health care expenses, including hospitalization and medical costs, attributable to third party liability.

In 2002-03 settled cases yielded total recoveries of $8.6 million, including $5.7 million for hospital costs and $2.9 million for medical costs. The Manitoba Public Insurance bloc funding agreement contributed approximately $7.4 million (86%) to the total funds recovered.

Pharmacare / Ancillary Programs

Pharmacare Program

The Pharmacare Program funds pharmaceutical benefits, as provided for in *The Prescription Drugs Cost Assistance Act* and Regulations, in order to protect the residents of Manitoba from financial hardships resulting from expenses for prescription drugs.

The Income Based Pharmacare Program allows Manitoba residents the option of applying to the Pharmacare Program annually or through a one-time enrollment application process for benefits coverage and provides 100% financial assistance in excess of a pre-set deductible for eligible prescription drugs.

- In 2002-03, actual Pharmacare program expenditures (Pharmacare and Special Drugs Program) totalled $160.8 million, a 17.6% increase over fiscal 2001-02. The total number of beneficiary families increased to 82,797 families, that is 6.1% over 2001-02 of 78,064 families.

The Drug Programs Information Network (DPIN) system is a computer network connecting pharmacies in Manitoba to a central database. It directly reimburses pharmacies for eligible drug costs that are listed in the Manitoba Drug Benefits Formulary. Pharmacies transmit information regarding prescriptions dispensed in all Manitoba pharmacies by sending the information to the network. DPIN processes all Pharmacare claims and provides pharmacists with real time adjudication of the payment required by the patient. The network also provides information to assist pharmacists in drug/drug interaction monitoring and patient counselling activities. Help desk support is available to all pharmacies seven days a week.

- In 2002-03, DPIN processed approximately 15.9 million transactions. The total number of transactions was comprised of 11.9 million transactions solely for financial reimbursement adjudication and 4 million transactions for review and forwarding to other agencies that provide financial coverage.

Ancillary Programs

The Ancillary Programs staff is responsible for policy development, claims reimbursement and public information and support for:

- Prosthetic and Orthotic devices.
- Post mastectomy breast forms and brassieres.
- Hearing aids and orthopedic shoes for children under 18 years of age.
- Telecommunications for the profoundly deaf and speech impaired.
- Eyeglasses for persons 65 years of age and over.
- Artificial eyes and contact lenses for infants with congenital eye defects.

In 2002-03, Manitoba Health adjudicated approximately 35,000 Ancillary programs' claims for 49,786 devices, with program expenditures of $6.9 million.

Palliative Care Drug Access Program

The Palliative Care Drug Access Program was launched on December 9, 2002. This program is designed for persons at the end stages of their illness, for which the focus of care is comfort. By covering the cost of these medications for use in the home, a major financial burden is removed for the patient and their family. Individuals who spend their final days in the hospital or personal care home have their drug costs covered by the health care system. The Palliative Care Drug Access Program permits patients who choose to die at home or another home environment to have the same drug coverage.

The Palliative Care Drug Access Program enhances other services available in Manitoba designed to assist palliative patients in the community, such as the services provided by the Regional Palliative Care Coordinators, the Home Care Program and the Regional Palliative Care Programs.

Manitoba Drug Standards and Therapeutics Committee

The Manitoba Drug Benefits Formulary is a listing of approximately 5,350 therapeutically effective drugs of proven high quality that have been approved as eligible benefits under the Pharmacare Program. A manufacturer's drug submission request is supported by internal and external scientific sources, clinical and pharmacoeconomic information, which is reviewed by The Manitoba Drug Standards & Therapeutics Committee (MDSTC).

The MDSTC, an independent Committee, is comprised of three physicians and three pharmacists. MDSTC members are provided by the College of Physicians and Surgeons of Manitoba, the Manitoba Medical Association, the Manitoba Pharmaceutical Association and the University of Manitoba.
In 2002-03, the MDSTC met five times to ensure that appropriate drug benefits were made available to Manitobans on a timely basis. During this period of time 248 drugs were added to the Pharmacare benefit list.

To address the streamlining of the drug review process, the Provincial Drug Programs has been actively involved with the Common Drug Review (CDR) process which is moving from the interim phase to implementation and will start reviewing drug submissions as of September 1, 2003. The CDR is a single process for reviewing new drugs and providing listing recommendations to participating federal, provincial and territorial (F/P/T) drug benefit plans in Canada. The CDR consists of:

- A critical appraisal of the best available clinical and pharmacoeconomic evidence.
- A listing recommendation made by the Canadian Expert Drug Advisory Committee (CEDAC).

Medical Review Committee

The Medical Review Committee was established under *The Health Services Insurance Act* to review Manitoba physicians' patterns of practice and to function as a formal appeal mechanism for physicians with claims processing disputes. There are seven members: three appointed by Manitoba Health, three appointed by the Manitoba Medical Association and one appointed by the College of Physicians and Surgeons of Manitoba.

During the 2002-03 fiscal year the Committee:

- Held nine meetings.
- Reviewed 458 medical practitioners' patterns of practice resulting in 31 physicians being requested to identify reasons for variance from their peers.
- Referred concerns regarding standards of care to the College of Physicians & Surgeons.
- Referred concerns of overpayments to Manitoba Health.
- Made recommendations to the College of Physicians & Surgeons regarding routine EKG guidelines.
- Participated in the "Introduction to Clerkship" Session for the Faculty of Medicine at the University of Manitoba. The two main objectives of the presentation were to communicate the process for review of medical practices from a fiscal perspective, and to develop awareness with respect to the need for physicians to self review their utilization of resources within Manitoba's health care system.

Patient Utilization Review Committee

The Patient Utilization Review Committee was established as a standing committee to identify patients who have received services beyond medical necessity and to recommend educational initiatives as appropriate. There are four Committee members; one physician appointed by Manitoba Health (MH), one physician appointed by the Manitoba Medical Association (MMA), one pharmacist appointed by the Manitoba Pharmaceutical Association (MPA) and one citizen appointed by MH and the MMA.

During the 2002-03 fiscal year the Committee:

- Held seven meetings.
- Reviewed 100 registrants who received an inordinate number of medical services and 3 referrals from outside agencies. Under this process if the medical need is not warranted, the Committee would recommend that the registrant enter into an Agreement to restrict themselves to one physician and/or one pharmacy for all non-emergent medical services.
- Referred concerns regarding possible over-servicing to the Medical Review Committee.
- Referred questionable dispensing practices to the MPA.

Since the Committee was established, 157 registrants have signed an Agreement with the Department of Health. The total medical costs for the Top 100 "high users" since the Committee's initial review in 1990/1991 have decreased by 24%. The statistics over the life of the Committee's work reflect the educational impact that the Committee has had and continues to have on the use of medical services by high user patients. The review process identifies registrants early on where there is potential for abuse. Even where Agreements are not entered into, there is a consistent reduction in utilization of services.

2(a) Insured Benefits Services

Expenditures by Sub-Appropriation	Actual 2002/03 $(000's)	FTE	Estimate 2002/03 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	6,832.2	169.50	6,901.4	(69.2)	
Other Expenditures	2,981.3		3,810.9	(829.6)	1
Total Sub-Appropriation	**9,813.5**	**169.50**	**10,712.3**	**(898.8)**	

Explanation Number:

1. *The under-expenditure is mainly due to the DPIN Network and maintenance costs being charged to Information Systems, budgeted in Insured Benefits Services.*

Financial Support and Analysis *(formerly: Financial Services)*

As part of the Department's reorganization, the Financial Support and Analysis (FSA) Branch became one of two branches contained within the Department's Finance Division. The reorganization resulted in a number of changes, including; the transfer-out of the Residential Charges Unit to Finance and Administration, the creation of a Cash Flow and Analysis Unit from various resources transferred-in from Finance and Administration, and the creation of a Medical Unit to consolidate various financial support and analysis activities for medical remuneration.

FSA Branch is responsible for providing a fair and equitable distribution of available funds for Regional Health Authorities (RHAs) and other funded agencies, in accordance with government priorities, through the review, recommendation, and approval of RHA Health Plan submissions and monitoring of financial, statistical and operational results. The Branch also provides financial support and analysis to the Department overall, and provides consultation, analytical services and support to internal and external clients as it relates to existing, new and expanded programs.

In addition, the branch ensures that there is an equitable rate structure in place, in order to maintain an appropriate stream of revenue, which, in turn, partially offsets total costs of long term care for the RHAs. This is achieved, within the Branch, by the application of an assessment and appeal process for all eligible clients.

The Branch is composed of four units, as follows:

Regional Health Authority (RHA) Funding

The RHA Unit is responsible for the allocation and monitoring of the funding made available to Regional Health Authorities and facilities as required under legislation and in accordance with Manitoba Health policy, this includes services provided at a regional level that are still funded directly by the Department of Health.

The Unit works directly with the RHAs to communicate and enforce the budget-funding policy, review the Regional Health Plans ensuring accurate data for the annual Estimates process, monitor operating performance of RHAs via monthly financial review and review year-end audited Financial Statements and prepare recommendations for year-end settlements.

The RHA Unit also develops briefing notes, provides input for Treasury Board Submissions and provides financial support and analysis to the Department on existing and new/expanded projects.

Major accomplishments during 2002-03:

- Distribution and allocation of approximately $1.8 billion in operating funding to 11 RHAs.
- Development and implementation of a wage settlement costing template and process in consultation with Labour Relations Secretariat, Health Labour Relations and RHAs.
- Completed outstanding year-end settlement reviews for RHAs, for all fiscal years to 2001-02.
- Provided training to Department staff, re: RHA financial monitoring and financial requirements of the 2003-04 RHA Health Plan.

Medical Unit:

The Medical Unit provides financial support for the Physician Fee-for-Service and Alternate Funding programs as it relates to cash flows & projections, preliminary estimates, costing of contracts and fees, initiating payments and year end accruals. In addition, the Unit provides support for programs in the department which includes, but is not limited to, responding to queries, fund management and budget issues.

Major accomplishments during 2002-03:

- Developed and implemented controls, approval processes and reporting structures with Health Labour Relations.
- Provided a review of and processing for approximately 50 alternate funding agreements.
- Provided financial support and analysis for the Medical Program, including Nursing Recruitment, Out-of-Province Program and Federal Hospitals.

Cash Flow & Analysis Unit:

The Cash Flow Unit provides financial support and analysis for the Department, and provides consultation, analytical services and support to internal and external clients as it relates to existing, new and expanded programs.

In addition, the Unit prepares quarterly forecasts and variance explanations for the Health Services Insurance Fund, Addictions Foundation of Manitoba, and other Departmental divisions and external agencies.

Major accomplishments during 2002-03:

- Designed a reporting system that provides the information needed for budget management and accountability.
- Redesigned the Cashflow process, which incorporates greater participation and accountability from all levels of the Department, and includes a new management report framework.
- Designed training sessions related to new systems.

Management Information System (MIS) Unit:

The MIS Unit manages the implementation and maintenance of the provincial MIS financial and statistical reporting system, based on the national reporting requirements in the MIS Guidelines. This includes maintaining the provincial MIS Chart of Accounts, distribution of annual updates to the Manitoba Facility Reporting System (MFRS) User Guide, and preparation of the annual file submission to the Canadian MIS Database (CMDB).

In addition, the Unit develops and disseminates financial and statistical reports/performance indicators to stakeholders in order to assist in evaluation, monitoring and policy development and to assist in the review of regional health plans in the Estimates Process.

The Unit is also responsible for ongoing data quality initiatives, including Provincial MIS Data Quality & Indicator Subcommittee of the RHA Council of Chief Financial Officers (CFOs) to ensure accurate and consistent financial reporting.

Major accomplishments during 2002-03:

- Implemented the Provincial MIS Data Quality and Indicator Subcommittee which is made up of representatives from the RHAs, CancerCare Manitoba, Canadian Institute for Health Information (CIHI) and Manitoba Health.
- Developed additional financial performance indicators relative to Information System Costs, Medical & Surgical Supply Costs, Incontinent Supply Costs and Non-service Recipient Meal Days.

2(b) Financial Services

Expenditures by Sub-Appropriation	Actual 2002/03 $(000's)	FTE	Estimate 2002/03 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	1,220.9	23.00	1,265.1	(44.2)	
Other Expenditures	204.1		211.1	(7.0)	
Total Sub-Appropriation	**1,425.0**	**23.00**	**1,476.2**	**(51.2)**	

Information Systems

The Information Systems Branch is responsible for providing strategic, tactical, and operational information systems and information technology leadership and solutions to support the objectives and priorities of Manitoba's health care system. The Branch also continues to provide consultative services on information systems initiatives involving the Department, other government agencies, Regional Health Authorities (RHAs), health care facilities, health care associations, and other providers of health care services. The Branch's efforts will coordinate and align federal, provincial, health sector, inter-sectoral and departmental projects.

A key leadership principle of the Branch is to emphasize and articulate the essential value that other Branches and Departments contribute to information systems projects through their understanding and definition of business requirements. Such projects, sponsored by informed and involved program areas within Manitoba Health, are guided to successful completion through the expertise, consultation, project management, and work activities of Information Systems personnel.

The Branch's key role is to advise, plan, and deliver on "how" information technology may best be employed to improve health care program outcomes. A well understood relationship between the health care program area and the Branch leads to the best chances for success in implementing business solutions with appropriate and effective use of information technology.

Information Systems also continues to maintain, enhance and operate Health's mission critical systems including insured benefits registration and eligibility, medical and other insured services claims, Drug Program Information Network (DPIN), Manitoba Immunization Monitoring System (MIMS), the Mental Health Information System and others. Health sector communications network and infrastructure design and deployment continues to be refined as technology changes, leveraging common government assets such as the Provincial Data Network (PDN) as they evolve.

Major accomplishments during 2002-03:

- The development of the Medical Claims History System using browser-based technology.
- The development of the Drug History Look-up System using browser-based technology.
- Added the Palliative Care Program to the Drug Programs Information Network and installed a number of performance improvements.
- Modified all Manitoba Health corporate systems to reflect all RHA changes including the creation of the new Assiniboine RHA.
- Implementation of the Family Services contractor into the Manitoba Support Services Payroll System.
- Provided ongoing support to 34 Manitoba Health information systems.
- In collaboration with the four Western provinces oversaw the development and implementation of the Provider Registry System in Manitoba.
- Transitioned 98 Health sites to the new broadband Provincial Data Network; providing a minimum of a 2MB access point for each facility.
- In a project led by the Winnipeg RHA successfully implemented a 24-site Telehealth network throughout Manitoba.
- Continued active participation in the Federal/Provincial/Territorial (F/P/T) committees and their working groups established by Health Canada and the F/P/T Committee of Health Deputy Ministers to advance the national health infostructure and collaborate on common initiatives.
- Continued active collaboration with Western Health Information Collaborative (British Columbia, Alberta, Saskatchewan, Yukon, Northwest Territories, Nunavut and Manitoba).
- Continued active collaboration with Canada Health Infoway.
- Established the Health Information Standards Council of Manitoba and held its' inaugural meeting.
- Successfully implemented the "Healthy Opportunities – Caring Careers" recruitment web site.
- Completed a vulnerability assessment of the Health Network.
- Received approvals and launched the Hospital Information Systems Project phase for St. Boniface General Hospital's internal replacement of its networking infrastructure.
- Received approvals and launched the expansion of the Provincial Health Call Centre.

2(c) Information Systems

Expenditures by Sub-Appropriation	Actual 2002/03 $(000's)	FTE	Estimate 2002/03 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	3,953.4	65.90	3,938.9	14.5	
Other Expenditures	6,520.0		4,932.9	1,587.1	1
External Agencies	121.9		132.9	(11.0)	
Total Sub-Appropriation	**10,595.3**	**65.90**	**9,004.7**	**1,590.6**	

Explanation Number:

1. *The over-expenditure is mainly due to the DPIN Network and maintenance costs being charged to Information Systems, budgeted in Insured Benefits Services.*

Capital Planning

The Capital Planning Branch oversees development and implementation of the provincial health capital program, and advises Government on infrastructure and related policy and program requirements to support population health objectives and ensure the sustainability of health facilities in Manitoba.

The Branch works closely with Regional Health Authorities (RHAs) in the development and refinement of project proposals, and oversees project management to the point of final tender. This ensures that projects are scoped and implemented in accordance with regional need and best practices, appropriate standards (program, design and construction) and negotiated cost limits.

The Branch coordinates Departmental prioritization of regional capital plans, to ensure optimal consistency between Health Capital Estimates and Department strategic priorities, and conducts analysis to support policy and planning in the area of health infrastructure.

During the year, the Department worked in close collaboration with RHAs as they developed their capital programs in the context of regional health planning.

During 2002-03, five major construction projects were completed at a cost of $70.9 million including:

- **Acute Care**
  - Central Energy Plant Expansion at the Health Sciences Centre.
  - Relocation of the Pediatric Urodynamic Lab at the Health Sciences Centre.
- **Long Term Care**
  - New personal care home in Ste. Anne.
  - Addition and renovations at the Taché Nursing Centre - ABC wings to provide dining and activity space.
- **Provincial Programs**
  - Redevelopment of CancerCare Manitoba.
- **Safety and Security**
  - Oversaw completion of approximately 157 maintenance, safety and security projects throughout the province.

Construction has continued and new projects went into construction during the year on nine major projects costing $214.4 million. These projects include:

- **Acute Care**
  - Clinical and Building Services Redevelopment of the Brandon Regional Health Centre.
  - New construction and renovations to the Johnson Memorial Hospital in Gimli.
  - Critical Services Redevelopment of the Health Sciences Centre.
  - Installation of a Neuro/Angio Bi-plane for the Neuro Expansion – Neuroangiography Suite/Inpatient Beds.
  - Redevelopment of the Ultrasound Department at the Health Sciences Centre.
- **Family Services**
  - Addition and Renovations to the Riverside and Mapleside Cottages and 2 West Living Unit of the St. Amant Centre.
- **Primary Health Care Centre**
  - Construction of the East Borderland Primary Care Centre in Sprague.
- **Safety and Security**
  - A number of maintenance, safety and security projects are in construction.

As a result of reorganization, Capital Planning now falls under Regional Programs and Services.

2(d) Capital Planning

Expenditures by Sub-Appropriation	Actual 2002/03 $(000's)	FTE	Estimate 2002/03 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	591.1	13.00	822.1	(231.0)	1
Other Expenditures	133.5		246.2	(112.7)	2
Total Sub-Appropriation	**724.6**	**13.00**	**1,068.3**	**(343.7)**	

Explanation Number:

1. *The under-expenditure is due to vacant positions net of staff turnover allowance.*
2. *The under-expenditure is due to fewer professional service contracts and other miscellaneous expenditures.*

Evaluation, Monitoring and Appeals

As a result of reorganization, the branch name has changed to Accountability, Monitoring and Evaluation (AME). The AME Branch leads Manitoba Health in defining and improving accountability in Manitoba's Health system. Branch roles include consultation, project management and education on evaluation, monitoring and accountability.

Administrative Units within the Branch support the Manitoba Health Appeal Board, the Mental Health Review Board and the Appeal Panel for Home Care. The Boards and Panel report to the Minister of Health.

The Branch has responsibility for the administrative functions related to the appointment process for Health Boards, Commissions and Committees and for processes related to the corporate Annual Report and the Legislative Supplement.

Accountability, Monitoring and Evaluation

Major accomplishments during 2002-03:

- Completed primary health care evaluation projects – the Centre de Santé, Clinical Nurse Resource Centres in the Regional Health Authorities (RHAs) of Nor-Man and Parkland.
- Completed the evaluation of a pilot Regional Diabetes Program in the Burntwood RHA.
- Provided consultation regarding evaluation and monitoring to the Tobacco Control Strategy, Rural Health Strategy, Midwifery, Office for Protection of Persons in Care and Public Health.
- Provided workshop on Logic Model development and Evaluation Frameworks to the RCMP.
- Coordinated the monitoring program for the Thomas report recommendations for the Pediatric Cardiac Inquest report.
- Completed six provincial policies for RHAs, CancerCare Manitoba (CCMB), Addictions Foundation of Manitoba (AFM), and Selkirk Mental Health Centre (SMHC) related to the Thomas report, including integrated risk management, quality audits, internal disclosure of staff concerns, reporting of critical clinical occurrences and critical occurrences, RHA guide to health services, and reporting of significant changes to the Office of the Chief Medical Examiner.
- Lead the development of an initiative of performance deliverables for RHAs, CCMB, and the AFM.
- Contributed staff time to the Primary Health transition fund planning team for the focus on evaluation and monitoring.
- Coordinated the publication of Manitoba's Performance Indicator Report, September 2002 (English and French).
- Coordinated the Department's Annual Report in both English and French.
- Coordinated the administrative process respecting appointments to Health Boards and Committees, and maintained a database.
- Participated in the development of a framework for Quality and Patient Safety through the Federal/Provincial Advisory Committee on Health Services.

Manitoba Health Appeal Board

The Board receives approximately 360 appeals per year related to *The Health Services Insurance Act*, *The Ambulance Services Act*, *The Mental Health Act* and the Hepatitis C Assistance Program. It also serves in an advisory role to the Minister by maintaining links between the Minister, the health care community and the community at large.

Mental Health Review Board

The Mental Health Review Board was established in 1988 under *The Mental Health Act*. The Board hears appeals regarding specified aspects of the admission or treatment of a patient in a psychiatric facility. Legislation also requires that there be a yearly, automatic review for patients on a Leave Certificate and an automatic review of all involuntary patients after the filing of a third Renewal Certificate and annually, thereafter. Reasons for Decision are mandatory and any party may appeal the Board's decision to the Court of Queen's Bench.

During 2002-03, 59 hearings were held in psychiatric facilities throughout Manitoba. A total of 217 applications were processed and 158 of those were resolved through alternative means.

Appeal Panel for Home Care

The Appeal Panel for Home Care hears appeals from Manitobans who have requested or are in receipt of Home Care services respecting eligibility or level of service received. The Appeal Panel also serves in an advisory role to the Minister of Health.

The Appeal Panel for Home Care received 31 appeals related to the Home Care program. The Panel provided adjudication in 18 appeals.

The Panel met with 5 consumer/consumer advocacy groups in response to requests received.
The Home Care Appeals/Advisory Office resolved 9 appeals through mediation. The office manages over 200 inquiries related to home care per year.

2(e) Evaluation, Monitoring and Appeals

Expenditures by Sub-Appropriation	Actual 2002/03 $(000's)	FTE	Estimate 2002/03 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	615.9	12.73	716.8	(100.9)	
Other Expenditures	439.8		497.7	(57.9)	
External Agencies	140.1		140.1	0.0	
Total Sub-Appropriation	**1,195.8**	**12.73**	**1,354.6**	**(158.8)**	

Health Labour Relations

The Health Labour Relations Branch consists of two units – Medical Labour Relations and Labour Market Services. The Branch's primary functions are:

1) to represent Manitoba Health in negotiating agreements with physicians, oral and maxillofacial surgeons, chiropractors and optometrists and to remunerate these professionals in accordance with provincial regulations, policies and agreements; and
2) to provide labour market support in the negotiation of contracts with bargaining agents representing health care employees in the following sectors a) nursing, b) professional/technical paramedical, c) interns and residents, d) support and e) maintenance and trade sectors.

The activities undertaken within the Branch include planning, development and implementation of strategic policies for negotiations, mediation and arbitration pertaining to remuneration of health care professionals.

Medical Labour Relations

Major Accomplishments during 2002-03:

- Ratified Arbitration Agreement with the MMA on June 2, 2002.
- Conducted research and developed positions for negotiations/arbitration with professional associations.
- Presented Manitoba Health's position in arbitration hearings.
- Negotiated numerous alternate funded arrangements with the MMA.
- Reached agreement with the MMA on new tariffs and benefit rates for medical services provided by physicians in Manitoba.
- Participated on the Fee Schedule Committee, the Standing Committee on Diagnostic Services and the Expert Group on Physician Databases, which reports to the Canadian Institute for Health Information.
- Monitored all new tariffs and fee increases that were implemented for the 2002-03 fiscal year.
- Monitored, reviewed, evaluated and administered alternate funding arrangements.
- Established a comprehensive database on all alternate funded contracts.

Labour Market Services

Accomplishments during 2002-03:

- Reviewed, assessed and provided advice relating to contract negotiations for the professional/technical paramedical sector.
- Jointly with the Labour Relations Secretariat, prepared mandate submissions for consideration by Government.
- Participated in a national Health Cross-Jurisdictional Labour Relations Database Committee and provincial efforts to collect information on total compensation and health labour market trends.
- Maintained historical information on funding mandate approvals and monitored the application of mandates post-settlement.
- In collaboration with the Labour Relations Secretariat and other stakeholders, participated in the resolution of allied health and nursing labour issues.
- Facilitated stakeholder meetings and produced and presented reports outlining issues and policy strategies.

Workforce Policy and Planning

The primary objective of the Workforce Policy and Planning Branch is to develop policy and strategies to support the supply and utilization of healthcare professionals and workers required for health service delivery.

Physicians

Major Accomplishments during 2002-03:

- The appointment of the Medical Director and the establishment of the new Office of Rural and Northern Health were announced in June 2002. The Administrative Director for the Office was hired in April 2003. This office is now established to address issues of increasing the numbers of rural applicants to medical school, increasing exposure of medical undergraduates and residents to rural and northern training opportunities and improving training opportunities for rural physicians.

- The Manitoba Rural Physician Action Plan, 2000-01 included a program to provide temporary coverage in a community where the regular physician was not available. The Locum Tenens Physician Relief Program provided 915 days of coverage for rural/northern physicians in 2002-03, assisting in the retention of physicians.
- The Medical Student/Resident Financial Assistance Program, established in 2001, provided support for students and residents and new graduates in return for a service commitment to Manitoba. In 2002-03, 120 grants were awarded to students and residents, totalling over $2,200,000.
- In April 2001, the implementation of the Medical Licensure Program for International Medical Graduates (MLPIMG) was announced. The program assists international medical graduates (IMGs) living in Manitoba to obtain medical registration and begin primary care practice in the Province. An optional component of the MLPIMG, developed in partnership with Manitoba Labour and Immigration and Red River College, assists IMGs to prepare for the assessment process, medical licensure examinations, and medical practice in the Canadian health care system. Three (3) IMGs were successful in the 2001 assessment; each required, and completed, one year of enhanced medical training, and they began primary care practice in their sponsoring regions early in 2003. Eleven (11) IMGs were assessed in September 2002. Eight (8) candidates were successful in the assessment process and are participating in one year of enhanced medical training; upon successful completion of enhanced training they will begin primary care practise in their sponsoring regions. Twelve (12) IMGs will be assessed in September 2003.
- In 2002, Manitoba Health supported and provided financial assistance to the Department of Family Medicine in its development of a plan outlining the vision for the department including steps required to regain full accreditation; train 32 residents per year, develop new rural and northern training sites, develop a francophone training capacity, consider community-based training sites, strategies to address IMG training and marketing of their program to Canadian undergraduates. In 2002-03 the Department of Family Medicine submitted a plan which is currently under review by the Department.
- The Winnipeg Regional Health Authority Specialist Recruitment and Retention Committee has maintained and supported recruitment of over 120 specialists to Manitoba since its inception in 1999.
- The Workforce Policy and Planning Branch continued to build relationships with the RHAs, and internal partnerships in the department in order to improve the data and monitoring of physician supply and demand. This assisted the Department in developing mechanisms to resolve physician resource issues.

Nurses

Major Accomplishments during 2002-03:

- Prepared annual statistics regarding the supply of nurses, based on registration data of the three nursing Colleges, and nursing vacancies reported by the RHAs. This data was updated in 2002-03 to improve the monitoring and reporting of supply.
- Through the establishment of the Manitoba Nursing Advisory Council (MNAC) in 2001-02 and in collaboration with Manitoba Advanced Education and Training, the branch supported the continued expansion of nursing education programs in 2002-03.
- The branch also supported an initiative to address worklife issues by assisting MNAC in the implementation and monitoring of the Worklife Taskforce Report.
- The Nurses Recruitment and Retention Fund has assisted over 627 nurses to relocate to Manitoba and over 366 nurses to enroll in refresher programs to re-enter the nursing workforce. Of these, 214 have completed their respective programs and 182 are currently employed throughout Manitoba.
- Funding was also provided for an additional RN refresher program to assist under employed registered nurses currently living in Manitoba to obtain nursing licensure, and for the development of an Emergency Nursing Course by long distance education.
- Over half of the initial $3.0 million allocation for Continuing Education has been forwarded to the RHAs to assist nurses to maintain and develop new skills.

Allied Health Providers

- The Department, in partnership with Manitoba Advanced Education and Training, developed the Allied Health Sciences Program for allied health professionals (laboratory and radiologic technologists as well as radiation therapists and cytotechnologists).
- The 2002 intake into these programs were:
  - Medical Laboratory Technology – 25
  - Medical Radiologic Technology – 23
  - Radiation Therapy – 7
  - Diagnostic Cytology – 3
- The Department provided financial support for an X-ray Assistant Cross Training Program to train medical laboratory technologists to perform basic X-ray functions in rural communities. This program was implemented to address the need for cross-trained allied health providers in small hospitals. The final intake will be in September 2003.
- The Department supported an increase in enrollment for physiotherapists and occupational therapists.
  - In 2001, the intake increased from 30 to 40.
  - In 2002, the intake increased from 40 to 50.
    NOTE: To accommodate the change from a three-year Baccalaureate program to a two-year Masters program (in 2003), and so that there would not be two graduating classes in 2004, Occupational Therapy did not have an intake in 2002.
- The Department is continuing discussions with employers, educators and the Council on Post Secondary Education (COPSE) to determine the supply in these and other allied health disciplines.

2(f) Health Labour Relations

Expenditures by Sub-Appropriation	Actual 2002/03 $(000's)	FTE	Estimate 2002/03 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	1,229.3	22.00	1,366.2	(136.9)	
Other Expenditures	455.3		444.8	10.5	
External Agencies	659.8		729.8	(70.0)	
Total Sub-Appropriation	**2,344.4**	**22.00**	**2,540.8**	**(196.4)**	

Grants for Evaluation and Research

This main appropriation provides funding to the Manitoba Health Research Council for annual grants and award competitions and to the Manitoba Centre on Health Policy for evaluation and policy initiatives.

2(g) Grants for Evaluation and Research

Expenditures by Sub-Appropriation	Actual 2002/03 $(000's)	FTE	Estimate 2002/03 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Manitoba Centre for Health Policy	1,850.0		1,850.0	0.0	
Manitoba Health Research Council	1,752.6		1,752.6	0.0	
Transfer – Energy, Mines & Technology	(1,752.6)		(1,752.6)	0.0	
Total Sub-Appropriation	**1,850.0**		**1,850.0**	**0.0**	

Note: Manitoba Health Research Council funding was transferred to Energy, Science and Technology during 2002-03 fiscal year.

External Programs and Operations

This main appropriation provides for an integrated and coordinated program, policy and fiscal envelope approach to the planning of health services throughout Manitoba.

During 2002-03, Manitoba Health continued with its administrative restructuring plan. The new organizational structure is reflected on the Organization Chart on page 10.

3(a) Administration

Expenditures by Sub-Appropriation	Actual 2002/03 $(000's)	FTE	Estimate 2002/03 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	138.4	1.00	162.4	(24.0)	
Other Expenditures	0.0		173.2	(173.2)	1
Total Sub-Appropriation	**138.4**	**1.00**	**335.6**	**(197.2)**	

Explanation Number:

1. *The under-expenditure is due to expenditures being paid in 3B-2, Regional Support Services.*

Regional Support Services

The mission of the Regional Support Services (RSS) Branch is to support the Minister of Health, Regional Health Authorities (RHAs) and CancerCare Manitoba (CCMB) in the planning and implementation of efficient, effective, and evidence-based health services to improve the health status of Manitobans.

RSS works in partnership with Manitoba's RHAs and CCMB to support the RHAs in the delivery of a comprehensive range of primary care, secondary care, tertiary care and community health programs and services.

Major activities:

- Provides support in governance, board development, legislation/regulations, core services, regional health planning, regionalization policy interpretation, communications, and community health assessment (CHA).
- Prepares policy options, submissions, briefings, and fact sheets on matters related to regionalization policy, RHA health plans, specific program/service initiatives, and operational issues within the regions.
- Coordinates the processes for review and approval of regional health plans, including the assessment and development of funding submissions for new or expanded program/service initiatives delivered by the RHAs.
- Provides leadership in conjunction with other Branches, to the development and shift in fostering of a greater population health approach for an integrated health services delivery system, managed by RHAs and based on evidence-based decision making.
- In conjunction with the RHAs, provides resource materials and centrally coordinates the planning for the next comprehensive CHA.
- Provides expertise and support in the development of province-wide programs and service initiatives.
- Coordinates and facilitates communications between government, RHAs and Manitoba Health.
- Monitors the status of acute care waiting lists, emergency department and bed utilization and works in partnership with RHAs/other Branches of Manitoba Health to resolve issues.
- Responds to public information inquiries or case related issues from citizens, other provinces, and non-government organizations related to the system of regional governance of health programs and services through RHAs.
- Participates with other Branches to monitor standards of care, monitor and follow-up critical occurrences to strengthen the accountability of RHAs.

- Provides expertise to Department, inter-department, provincial, and federal committees or projects on matters related to regional governance or policy, CHA, and health services delivery models.
- Identifies service gaps, trends, and critical analysis related to acute care services and the integration of the continuum of health services in conjunction with the RHAs.

Major accomplishments during 2002-03:
RSS supported the RHAs and CCMB in the development, funding, ongoing support and implementation of initiatives such as:

- In collaboration with the RHAs and CCMB, established CHA indicators for inclusion in the performance measurement dimension framework.
- Established a secure intranet CHA web site as a resource for all RHAs and CCMB in support of their CHA and Regional Health Plan activities.
- Created the Comprehensive Database Source to inform the RHAs and CCMB of the various types of health-related information/data available to their region and to advise them of the resources available to them for consultation throughout the country.
- RSS implemented a Critical Occurrences reporting process, and reviewed critical occurrences and critical clinical occurrences reported by the RHAs.
- Support was provided to the RHAs and facilities in the introduction of the provincial restraint policy for residents of personal care homes.
- RSS participated in the development of a provincial/territorial paper, *Strengthening home and community care across Canada: A collaborative strategy*.
- URSS participated in the Adult Day Programs Task Force in 2003-03. The Task Force had representation from the RHAs and was facilitated by the Center on Aging from the University of Manitoba.
- RSS participated in community meetings with RHA, Seniors Directorate and Resource councils from Assiniboine, Interlake and North Eastman regions, to identify key issues, challenges and opportunities for improvement in Support Services to Seniors programming.
- Provided orientation to new RHA Board members in partnership with Manitoba Health and Regional Health Authorities of Manitoba (RHAM).
- Provided ongoing collaboration between Manitoba Health and CHA Network regarding the timelines and process for the next comprehensive CHA.
- Provided ongoing support and participation in the Canadian Institute for Health Research (CIHR) Need to Know Research project, directed by the Manitoba Centre for Health Policy in partnership with Manitoba Health.
- A joint project of Manitoba Health, Winnipeg RHA and the Addictions Foundation of Manitoba (AFM) was undertaken to provide education and training for practitioners working with individuals who have co-occurring mental health and substance abuse disorders.

The Department has worked with the RHAs in the planning and development of the following:

- Amalgamated the Marquette RHA and South Westman RHA into the newly created Assiniboine RHA that included a management restructuring process that reduced management costs, numerous staff positions and involved community and stakeholders. The new Board of Directors is undertaking renewed strategic planning.
- Implementation of the Clinical Services Redevelopment Project in Brandon.
- Burntwood RHA was supported in the development of their long-term care (LTC) program area by development of a regional panelling process and by providing funding for a LTC Consultant who will be primarily involved with the development and construction of their new PCH.
- Approved to proceed with plans for a PCH in Burntwood RHA.
- Approved the development of a six-bed residential Acquired Brain Injury Unit in Burntwood RHA.
- Two new replacement PCHs opened in Steinbach and Ste. Anne, South Eastman RHA.
- Secured and implemented a Regional CT Scanner in Steinbach in partnership with Manitoba Health and the Bethesda Foundation in South Eastman RHA.
- A new CT Scanner in Selkirk District Hospital is operational in Interlake RHA.
- RHA of Central Manitoba established a LPN education program in Winkler.
- Completed renovations at Whitemouth District Health Centre and Lac du Bonnet Health Centre to facilitate Primary Health Care in North Eastman RHA.

- Explored expansion of the Telehealth Network to improve access to specialists for rural and northern communities.
- Redeveloped the Boissevain Clinic to improve access to service in Assiniboine RHA.
- Implementation of the "Healthy Schools" pilot project in partnership with ARHA and Fort la Bosse School Division to promote health and wellness in the community.
- Acquisition of specialized diagnostic and imaging equipment at Neepawa Hospital in the ARHA.
- Approved permanent funding for the Community Nurse Resource Centre in Nor-Man RHA.
- Installed a new ICU bedside and central monitoring system as well as Telemetry in Brandon RHA.
- Established a two bed Ventilator Unit within the Extended Care Program in Brandon RHA.
- Installed Oxygen at each bedside in the Assiniboine Centre in Brandon RHA.
- Implemented Grief and Bereavement Telephone Support Program through Volunteer Services in Brandon RHA.
- Brandon RHA implemented a Pre-Renal Program.
- Approved the tender for a replacement nursing station in Wabodowden.
- Implemented the Aboriginal Human Resource Strategy in Burntwood RHA and initiated this strategy in Nor-Man region.
- Brandon RHA established a preliminary Aboriginal Elder Program.
- Interlake RHA established Diabetes Education Resource teams to deliver ongoing diabetes education sessions to isolated communities.
- Springfield Community Wellness Coalition established a Wellness Centre in Oakbank in North Eastman RHA.
- The Interlake RHA established a Support Centre in Lundar for mental health.
- The Interlake RHA has increased the budget for chemotherapy and dialysis services to meet volumes.
- South Eastman RHA reopened the former Bethesda PCH to provide office space for Community Services staff and other community groups in Steinbach.
- Recruitment efforts within the RHAs continue for physicians, nurses and allied health professionals.
- Fetal Alcohol Syndrome/Fetal Alcohol Effect reduction strategy developed in Churchill RHA.
- RHA of Central Manitoba established a regional midwifery program.
- RHA of Central Manitoba enhanced an ambulatory care unit, day surgery and pre-op admission clinics at Portage Hospital.
- RHA of Central Manitoba established a mammography program at Boundary Trails Health Centre.
- Parkland RHA implemented Clinical Pastoral Education training for professional spiritual care providers.
- Construction of the new East Borderland Primary Health Care Centre in Sprague has been initiated by South Eastman RHA.
- Interlake RHA received Primary Health Care funding for Riverton Clinic.
- Interlake RHA received Primary Health Care Funding for two Advanced Nurse Practitioners.

Primary Health Care

The overall vision of Primary Health Care (PHC) for Manitoba Health is:
"Manitobans will have access to community-based, integrated and appropriate PHC services."

PHC services are generally provided in the community, often by physicians and nurses. However, just as importantly, core PHC services also include health promotion, illness prevention, health maintenance and home support, community rehabilitation, pre-hospital emergency medical services and coordination and referral.

PHC Branch staff work with federal, provincial and Regional Health Authority (RHA) personnel to plan and implement various PHC organizations and projects. This includes participation on Advisory and Steering Committees for individual initiatives.

Major Accomplishments during 2002-03:

Primary Health Care Policy Framework - Development of this framework was completed and received approval-in-principle. This framework outlines the parameters and key issues that will support the reform of PHC in Manitoba.

Primary Health Care Transition Fund (PHCTF) – This fund was established by Health Canada in 2000 to support transitional costs implementing large scale, PHC initiatives. Funding became available April 1, 2002. It is expected that these initiatives will improve access, accountability and integration of services through fundamental and sustainable change to the organization, funding and delivery of PHC services. This fund continues to be available until March 2006.

Five initiatives of province-wide significance were submitted by Manitoba Health to the PHCTF Provincial/Territorial Funding Envelope. These initiatives are in various stages of development, and include:

- *Expanded Health Links/Call Centre*: The call centre initiative will expand the existing call centre services of Health Links to provide timely, multi-lingual, consistent 7/24/365 PHC information, telephone triage and referral service to all Manitobans using a comprehensive resource database.
- *Emergency Medical Services Enhancement:* Enhancing paramedic education/training will prepare the current and upcoming paramedic workforce for an expanded role in the delivery of PHC services. This will enable Manitoba to effectively integrate a well-skilled EMS workforce into the PHC service system in rural and northern Manitoba.
- *Information Technology*: This initiative is to link activity, services and supporting information for providers within a community PHC site, and where possible, further link service providers who are external to the primary site. This model is being developed in one urban Community Access Centre and one rural RHA.
- *Collaborative Practice Training*: A collaborative and interdisciplinary team is crucial to providing PHC services to Manitobans. The overall purpose of this initiative is to develop a formal and sustainable model for collaborative practice training for students of different health care disciplines so that these providers will understand and respect the scope of practice of their PHC counterparts.
- *Public Awareness Initiative*: It is essential that Manitobans be informed about new initiatives and investments targeted to improve and reform PHC: what they are, how to access them, and how to have input. These needs will be addressed through targeted public education/awareness initiatives. Planning activities that have been completed to date include: a qualitative research study to ascertain public understanding of PHC and a strategic planning session with key stakeholders on how best to proceed in developing this initiative.

In addition, 17 initiatives proposed by RHAs have been prioritized and are proceeding under the PHCTF. The PHC Branch staff continues to support the RHAs in the development of these community initiatives.

The PHC Branch also participated in the development of proposals to the national, multi-jurisdictional and Aboriginal components of the federal fund.

- **Burntwood Community Health Resource Centre** – This initiative has been integrated into the global funding to the Burntwood RHA. Manitoba Health is working with the Burntwood RHA to further develop this Centre as an integrated regional PHC service organization.
- **Centre de santé St. Boniface** – Originally established as a 3-year pilot project in July 1999 the Centre de santé has received extended funding to June 30, 2004. An evaluation of the project has been completed and ongoing funding has been requested to maintain its mandate as a health centre for Winnipeg's francophone community and the residents of St. Boniface. The PHC Branch is facilitating the transition to permanent status.

- **Winnipeg Integrated Services Initiative (WISI) (Access model)** - Access to health and social services is an utmost priority for both the PHC Branch and the Winnipeg RHA (WRHA). The PHC Branch is working with the WRHA in the development of local community "access models" for the twelve Winnipeg communities. The PHC Branch participates on the steering committee of the WISI and the communities access model-planning committees. The communities of River East and Transcona have chosen to develop access centres both of which are in the development stages. Access River East is scheduled to open in the fall of 2003 and Access Transcona in 2004. Early plans for Access Inkster are being formulated.
- **East Borderland PHC Centre (Sprague)** - The East Borderland PHC Centre is in the final stages of completion and is scheduled to open in September 2003.
- **Midwifery**
  - There are currently 30 full-time equivalent midwifery positions. The positions are distributed as follows: Winnipeg (16), South Eastman (3), Burntwood (2), Central (3), Brandon (4) and Nor-Man (2). Manitoba Health is committed to further development of midwifery resources on an incremental basis over time.
  - Manitoba Health led the development of a Letter of Intent for funding to support proposal development for a comprehensive Aboriginal Midwifery Education Program from the PHC Transition Fund Aboriginal Envelope.
  - Manitoba Health assisted the College of Midwives in the development of a Prior Learning and Education Assessment (PLEA) program for midwives educated outside of Canada.
  - Staff participated in the development of a Family Services and Housing video regarding pregnancy choices in Manitoba.

3(b) Regional Support Services

Expenditures by Sub-Appropriation	Actual 2002/03 $(000's)	FTE	Estimate 2002/03 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	2,370.3	43.79	2,578.2	(207.9)	
Other Expenditures	656.9		871.0	(214.1)	1
Total Sub-Appropriation	**3,027.2**	**43.79**	**3,449.2**	**(422.0)**	

Explanation Number:

1. *The under-expenditure is due to fewer professional services and an in-year reduction in discretionary spending.*

Chief Provincial Psychiatrist

The Office of the Chief Provincial Psychiatrist is responsible for administering *The Mental Health Act*, issuing Orders of Committeeship, providing professional consultation to various sectors of the mental health system, coordinating the Career Program in Psychiatry, and promoting the recruitment and retention of psychiatrists for under-serviced areas in Manitoba, in order to protect and promote the improved mental health status of Manitobans.

The Chief Provincial Psychiatrist maintains a staff appointment with the Department of Psychiatry, Faculty of Medicine, University of Manitoba, ensuring an important linkage between the academic community and the Provincial Health Programs Division.

During 2002-03, 347 new Orders of Committeeship were issued and 24 previous Orders were cancelled. The requirement of *The Mental Health Act* to provide a notice of intent to issue an Order of Committeeship and the right of the person and the person's proxy and nearest relative to submit written objections is well-received, but has maintained a substantial increase in the workload of the Office of the Chief Provincial Psychiatrist.

During 2002-03, four University of Manitoba Residents in the Specialty of Psychiatry were enrolled in the Career Program in Psychiatry, and one psychiatrist successfully completed his Period of Enrollment in the Program.

The Mental Health Act and regulations continue to operate satisfactorily. Educational sessions for psychiatric facilities, professionals, consumers, families and appropriate agencies continue on an ongoing basis.

3(c) Chief Provincial Psychiatrist

Expenditures by Sub-Appropriation	Actual 2002/03 $(000's)	FTE	Estimate 2002/03 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	202.7	2.00	181.3	21.4	
Other Expenditures	48.4		47.7	0.7	
Total Sub-Appropriation	**251.1**	**2.00**	**229.0**	**22.1**	

Selkirk Mental Health Centre

The Selkirk Mental Health Centre (SMHC) is a caring, hopeful, empowering facility that assures recovery for patients. SMHC has the mandate of providing long term mental health inpatient treatment and rehabilitation services to all residents of Manitoba whose challenging treatment and rehabilitation needs cannot be met by other services. The Centre provides short term and acute inpatient mental health services to Manitoba residents of the Interlake, North Eastman, South Eastman, and Churchill Regions.

The Centre has a formal agreement with the Government of Nunavut, to provide inpatient services to residents of Nunavut experiencing mental illness.

Patient services are available at SMHC in three specialized treatment programs:

- The Short Term Treatment and Rehabilitation Program
- The Extended Treatment and Rehabilitation Program
- The Community Preparation and Forensic Rehabilitation Program

Treatment services in all programs are provided by multi-discipline treatment teams, consisting of psychiatrists, general practitioners, psychologists, social workers, occupational therapists, activity instructors, nurses registered with their appropriate College, psychiatric nursing assistants, recreational therapists, pharmacists, the Chaplain, the Dietitian, the Aboriginal Elder and Aboriginal Friendship Workers. The Centre receives support through Volunteers assigned to specific patient program areas and needs.

The annual Program Evaluation Survey indicated that patients "feel that their health has improved while at SMHC". An Action Plan has been implemented for the following recommendations: Improve privacy for patients; be available for the patient and promote a comfortable milieu where the patient can discuss treatment; continue to provide spiritual and religious activities at SMHC and improve the processes for implementation of Aboriginal services; involve patients and in particular their family in all decisions about their care and treatment; enhance medication education programs for patients; promote the use of Self-Help services at SMHC and the community; and provide information/education on community mental health resources.

Patients at SMHC are involved in Patients' Assemblies in each program and on the Centre-wide Consumer Advisory Committee. These two groups advise SMHC on improvements on treatment and services during their stay at the Centre.

SMHC Redevelopment – Manitoba Health has established a committee to develop a plan for the overall development of SMHC and to recommend the sequence of redevelopment phases as it relates to priority client groupings. The role statement for the Extended Treatment Unit is completed and the Extended Treatment Unit Functional Plan has reached the final draft stage.

Major accomplishments during 2002-03:

- The Spiritual Centre at SMHC was dedicated. The Spiritual Centre is used for various religious activities including Aboriginal spiritual and cultural programs.
- Multi Sensory Environment space has been developed on two wards for therapy with the brain-injured patient.
- SMHC participated in the Co-Occurring Disorders Initiative for Manitoba.
- Wheelchair accessible kitchen for the Extended Treatment Unit was completed.
- Healthy Lifestyles including diet, smoking cessation and activity was implemented for patients at SMHC.
- The Canadian Council on Health Services Accreditation has advised that SMHC has received a "3 Year Accreditation with Report" award.
- SMHC's Telehealth site was opened on May 8th, 2002 for follow-up meeting and assessment referrals, discharge planning meetings, tele-visitation for patient and family, tele-education for staff and tele-administration for health care personnel.
- The Centre developed and implemented programs providing educational leave and assistance for student nurses pursuing studies qualifying them to gain licensure as Registered Psychiatric Nurses, or as Registered Nurses or for individuals pursuing refresher programs of study qualifying them to gain the same licensure.
- "Respect for Patient" workshop was implemented for all staff at the Centre.
- Recycling at the Centre has significantly reduced SMHC's refuse to the Selkirk Refuse Transfer Station.

3(d) Selkirk Mental Health Centre

Expenditures by Sub-Appropriation	Actual 2002/03 $(000's)	FTE	Estimate 2002/03 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	19,682.2	415.10	20,451.5	(769.3)	
Other Expenditures	4,016.0		3,390.2	625.8	1
Total Sub-Appropriation	**23,698.2**	**415.10**	**23,841.7**	**(143.5)**	

Explanation Number:

1. *The over-expenditure is due to an increase in Medical contracts and miscellaneous operating expenses.*

Emergency Health and Ambulance Services

Our mission is to provide leadership in: High quality Emergency Medical Response (EMS); safe, comfortable medical transportation; preventing illness and injury through local community programs; and EMS integration into community outreach programs.

Major Accomplishments:

- Significant progress made in most health care regions toward standardizing the EMS operations and policies.
- By the end of 2002-03 over 60% of the land ambulance fleet had been brought up to the latest standard of response ambulances.
- Regional EMS facilities built in Steinbach and Kinesota Trails with training rooms and administration offices.
- Over 500 persons licensed or re-licensed as EMS personnel.

- New tracking system for transports by air ambulance providers.
- Grant of consulting contract for the development of a Medical Transport Coordination Centre, and completion of phase one of the project.

Ambulance Program:

Land Ambulance:
Since the land ambulance services became the responsibility of the Regional Health Authorities (RHAs) in 1997, 63 of the 89 services have devolved to the Regions, and another 18 have a service purchase agreement. In each of these the fees and operational guidelines are established by, or approved by, the RHA as a condition of contractual service arrangements. Of the remainder of the services, three are run by First Nation communities, and six by the municipalities in which they reside.

Manitoba Health Emergency Services retains regulatory responsibility over issues such as personnel and service licensing standards, and assists regions to develop provincially consistent and medically defensible emergency medical response services.

Fiscal year 2002-03 saw the expansion of the provincial Ambulance Fleet Vehicle Program by 20 additional vehicles. By obtaining these as a block purchase rather than individual purchases, the program saved over $800,000, allowing the reinvestment of these funds into staffing improvements. The total program now encompasses 80 of the 160 vehicles in the ambulance fleet. Twenty additional vehicles are planned for each of the next four fiscal years.

During 2002-03 the land ambulance vehicles responded to 103,247 calls, an increase of almost 10% over the previous year. More than 1,490 people are licensed to serve on these calls.

Manitoba Health has a program for the construction of buildings for EMS programs which have devolved to the Regions. In 2002-03 there were three facilities built. Such construction can vary from simple garage structures with storage/decontamination resources, to larger regional headquarters that have offices and training rooms.

The province issued approximately 230 new emergency medical responder (EMR) licenses and 75 new Emergency Medical Technician (EMT) or paramedic licenses in 2002-03. Relicensing candidates accounted for 50 exams at the EMR level and 100 exams at the EMT level. Candidates from other jurisdictions that challenged the Manitoba licensing examination accounted for 26 exams at the EMR level and 32 at the EMT level. Approximately 40 EMT level candidates maintained their licenses through the Alternate Route for Maintenance of Licensure program.

Air Ambulance:
Manitoba Health operates the Lifeflight air ambulance program, to transport seriously ill or injured patients between health care facilities. In 2002-03 they transported 600 such patients. For non-critical patients there are commercial air ambulance providers licensed by the province, which provide fixed wing Air Ambulance transport on a fee-for-service basis. In 2002-03 they transported over 3,000 patients in and out of the region covered by the Northern Patient Transportation Program. In 2002-03 the Emergency Medical Services Branch established a reporting system by which this activity can be better traced.

Medical Transportation Coordination Center (MTCC):
The consulting firm of Fitch and Associates has been contracted to define, design, build and implement a Medical Transportation Coordination Center for Manitoba's rural regional EMS system. The MTCC will be dedicated to the tracking, coordination and dispatching of all medical transportation resources both ground and air. This is a multi phase project.

Northern Patient Transportation Program:
The day-to-day administration of the Northern Patient Transportation Program is the responsibility of the RHAs in the eligible areas. In 2002-03 they processed over 16,600 warrants, and transported over 19,000 persons.

Disaster Management

The primary mission of the Disaster Management Services Branch is to ensure the health care system is capable of providing a coordinated and effective response to the health needs of Manitobans during a disaster. The Branch provides a comprehensive emergency preparedness program to Manitoba Health and the Regional Health Authorities (RHAs) in support of this mission. In the event of an emergency or disaster, it is responsible to co-ordinate the health sector's responses with those of other federal and provincial departments, agencies and organizations.

During 2002-03, Disaster Management Services' reporting relationship was moved from the Assistant Deputy Minister, Regional Affairs to the Executive Director, Northern & Rural Regional Support Services. There were no changes to its mission and mandate.

Disaster Management Services met its mandate through support to the:

Departmental Disaster Management Program

- By working with the Hazard and Risk Management Committee, significant progress was made towards completing a detailed provincial hazard assessment.
- Maintained the Manitoba Health Emergency Response Plan.
- Developed disaster management performance deliverables for the RHAs.
- Contributed to the development of the departmental risk management strategy.

Regional Health Authorities' Disaster Management Programs

- Working with the Office of the Fire Commissioner, a one-day workshop titled *Planning a Medical Facilities Response to a Hazardous Materials Incident* was developed, and was delivered to the RHAs.
- Through consultations with RHAs, a strategy was developed for managing the National Emergency Stockpile System in Manitoba.

National-Pan Canadian Activities

- Lead in the formation of the Canadian Council of Health Emergency Management Directors (CHEMD).
- Participated on several national committees related to the creation of Health Emergency Response Teams.
- Participated on a Health Canada disaster management training committee.

Operational Emergency Response Activities

- Co-ordinated provincial health response to the flooding in south-eastern Manitoba.
- Participated in the national Smallpox contingency planning process.
- Supported the Office of the Chief Medical Officer of Health and the RHAs in preparations for Severe Acute Respiratory Syndrome (SARS) threat, including logistical and planning activities.

Major Accomplishments during 2002-03:

The leadership role in the formation of a Council of Health Emergency Management Directors, may well prove to be one of the most significant ventures in some time. This newly formed group of provincial/territorial health emergency management directors, is developing an inter-provincial/territory and provincial/territory – national linkage which will greatly enhance the ability to collaborate and coordinate programs and activities as well as enhance operational linkages in an health emergency management.

3(e) Emergency Health and Ambulance Services

Expenditures by Sub-Appropriation	Actual 2002/03 $(000's)	FTE	Estimate 2002/03 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	1,059.9	18.00	1,045.6	14.3	
Other Expenditures	4,363.8		4,031.9	331.9	
External Agencies	22.5		22.5	0.0	
Total Sub-Appropriation	**5,446.2**	**18.00**	**5,100.0**	**346.2**	

Public Health

A Public Health approach to improved health status reflects the use of organized efforts of society to control and prevent disease and promote health, especially when the health of the population is at risk.

The Public Health Branch is responsible for public health policy and strategy, the surveillance of reportable diseases, as well as the administration of specific provincial public health programs. These program areas are Communicable Disease Control, Diabetes and Chronic Diseases, Environmental Health and the Cadham Provincial Laboratory. The Branch aims to provide a comprehensive approach to public health, through integration of these program areas, and through collaboration with partners.

The Branch has consultation and regulatory responsibilities relevant to the administration of *The Public Health Act* and other public health issues and facilitates and participates in public health research. The Branch works closely with and provides support for the Office of the Chief Medical Officer of Health, regional Medical Officers of Health, and other regional public health practitioners, such as public health nurses and public health inspectors.

In 2002-03 the Branch has integrated staff in the former Epidemiology Unit with Public Health programs, to ensure that a strong epidemiology capacity exists within Public Health.

Communicable Disease Control Unit

The objectives and activities of the Communicable Diseases Control (CDC) Unit are guided by its Mission Statement; to promote, support and facilitate the prevention and control of communicable diseases. These diseases are both vaccine and non-vaccine preventable diseases, including HIV/AIDS and sexually transmitted diseases.

A primary responsibility of the CDC Unit is to develop provincial policies, standards and strategies for communicable disease control. The Unit is responsible for surveillance of communicable diseases, identifies and responds to epidemiologic trends and works closely with regional health jurisdictions to facilitate a prompt and coordinated response to outbreaks, new diseases and the routine investigation of diseases designated as reportable by *The Public Health Act*. Staff in the CDC Unit provide expert advice to stakeholders who request information and assessments in their area regions.

The CDC Unit monitors regional and provincial immunization rates via the Manitoba Immunization Monitoring System (MIMS), providing statistical information which is important to program planning and delivery.

Significant advances in communicable disease control were made as follows:

Vaccines

- Enhancements to existing immunization programs with improved mass communications to the public.
- The MIMS continued to focus on improving the accuracy and usefulness of information, with a MIMS audit on the quality and accuracy of information, followed by teaching sessions on improvements to standardization of data entry. A strong collaborative process to enhance MIMS continues with support of multiple users throughout the provinces.
- Manitoba Health began to utilize the MIMS data to provide funding to health regions for the delivery of vaccine programs.
- A project has been started to provide a comprehensive approach to the development of an effective cold chain policy for vaccines, to assure their potency and to minimize vaccine wastage through improper transportation and storage.
- Several staff in the Unit participated in the development of the National Immunization Strategy (NIS), which resulted in presentations at the December 2002 meeting in Victoria at the Canadian National Immunization Conference. The development of the NIS was recognized in the Romanow Report and in the Health Accord, which culminated in the Federal government to financially support the NIS vaccine infrastructure over the next five years.

Surveillance

- The CDC Unit is in the planning stages of the pilot project for the integrated public health information system (iPHIS) application. The pilot is being rolled out in collaboration with Burntwood, Interlake and Winnipeg Regional Health Authorities.
- A comprehensive review of surveillance needs for Manitoba Health has been started.
- The CDC Unit was active in several communicable disease outbreaks, including Norvovirus through the fall and winter of 2002-03, the first infectious syphilis outbreak since 1995 which began in January 2003, preparation for the Severe Acute Respiratory Syndrome (SARS) outbreak which began in March 2003 and preparation for West Nile Virus for the summer of 2003.

STD Control

- The CDC Unit has actively moved to provide leadership and to begin implementation of its components of the Provincial Sexually Transmitted Disease Control Strategy. A number of pilot projects have been developed, in collaboration with several Regional Health Authorities (RHAs). The primary focus of Manitoba Health's initiatives include addressing gaps in the control of sexually transmitted diseases in prison populations, facilitating improvements in STD control in the North, and developing effective preventive strategies for STDs in youth.
- The CDC Unit organized a transition of the STD drug program to an alternate distributor, under regulatory compliance with the Manitoba Pharmaceutical Association and coordinated efficient access and distribution to Bicillin.

Other

- With the lead of the Aboriginal Unit, the CDC Unit participated in the discussion paper on the Aboriginal AIDS Strategy.
- In collaboration with multiple partners, Manitoba Health has participated in a comprehensive review of the Tuberculosis Control Program under the lead of the Sanatorium Board of Manitoba.
- The CDC Unit participated and financially supported a two-day Harm Reduction Conference in partnership with Health Canada and Corrections Manitoba.
- The CDC Unit continues to support multiple committees which are valuable to providing input on the control and prevention of communicable diseases.

Diabetes and Chronic Diseases Unit

The primary responsibility of the Diabetes and Chronic Diseases Unit is to lead and coordinate the response to the major epidemic of Type 2 diabetes in Manitoba, in addition to establishing the provincial direction for the development of primary prevention strategies for chronic diseases in Manitoba.

The Unit continued to facilitate and coordinate the activities of the Minister's Advisory Committee on Diabetes. The purpose of this Committee is to provide advice on implementation of prevention, education, care, research and support recommendations as identified in *Diabetes: A Manitoba Strategy*.

In partnership with RHAs and other stakeholders, the Unit continued the process of developing, implementing, monitoring and evaluating a province-wide Regional Diabetes Program. The Regional Diabetes Program is an enhancement of the existing community-based Diabetes Education Resource Program and will integrate education into the continuum of diabetes prevention, care, research and support. This initiative is being developed as a public health response to 29 of the 53 recommendations in *Diabetes: A Manitoba Strategy*.

Major accomplishments during 2002-03:

- Developed and released a Regional *Diabetes Program Framework* document to define provincial expectations for the delivery of consistent diabetes prevention, education, care, research and support services across Manitoba.
- Established and/or maintained partnerships with the RHAs, Health Canada, Canadian Diabetes Association, Manitoba First Nations Diabetes Committee, the private sector, university/academic institutions, professional associations and other government and non-government organizations.
- Provided provincial representation and diabetes expertise to regional, provincial and national committees.
- Provided financial sponsorship and in-kind support to the Canadian Diabetes Association (Manitoba/Nunavut region) for an Aboriginal Program Coordinator position, Camp Briardale and development of *In The Know* (a communication tool for health professionals/providers in Manitoba).
- Participated in the development and submission of a funding proposal for research into a model that will reduce the common risk factors for chronic disease, in partnership with the Alliance for the Prevention of Chronic Diseases, several RHAs and Health Canada.
- Provided ongoing leadership to the Multi-level Diabetes Education Project, in partnership with the Minister's Advisory Committee, the Canadian Diabetes Association and Health Canada, to expand the pool of qualified diabetes educators from community to specialist levels.
- Coordinated an annual Diabetes Education Network Workshop for health professionals and providers within Manitoba and NW Ontario.
- Updated the Diabetes and Chronic Diseases Unit web site to enhance communication with a variety of stakeholders about Manitoba Health policy and priority initiatives on diabetes.
- Developed Regional Diabetes Program Risk Factor and Complication Assessment competency packages as the basis for a Train-the-Trainer program.
- Completed external evaluation of the 3-year Burntwood Regional Diabetes Program demonstration project.
- Completed year one of the Manitoba Diabetes Care Project, a three-year research project that uses province-wide administrative claims data to evaluate the impact of the Manitoba Diabetes Care Recommendations on the practice patterns of primary care physicians in the Province.
- Produced and distributed a Regional Diabetes Profile Statistical Summary to each RHA for strategic and program planning purposes, using provincial diabetes surveillance and research data.
- Participated in the National Diabetes Surveillance System, through a partnership initiative with Health Canada, to provide aggregate provincial data for the purposes of national diabetes data analysis and surveillance.

Environmental Health

The Environmental Health Unit responds to biological, chemical or social health threats to the public. The Unit manages several programs including Environmental Health, Food Protection, Tobacco Control and Dental/Oral Health. The Unit has also been extensively involved in the development of legislation and is responsible for providing centralized support services to the RHA staff in the areas of environmental health, toxicology risk assessment, microbiology and epidemiology.

Environmental Health

The Environmental Health Risk Assessment team provides leadership to identify, assess and address important and emerging environmental health issues to reduce the threat of environmental public health risks and protect the health of Manitobans.

Provincial environmental health strategies and standards are being developed or amended for drinking and recreational water safety, air quality and soil contamination. Responses to known, emerging and potential environmental health threats which pose a health risk to Manitobans as well as management of immediate threats, e.g. carbon monoxide poisoning in arenas, protozoan parasites in municipal drinking water supplies or emergency response hazard assessments are coordinated by the Senior Medical Advisor.

Priority health risk assessment areas include: drinking water quality, recreational water use, human and agricultural waste treatment, ambient and indoor air quality, other aspects of agricultural operations including ground and aerial pesticide use, soil contamination and creating or amending legislation. Assessing the environmental health risk of new or amended industrial proposals is a continuing challenge.

During 2002-03, the Environmental Health, Senior Medical Advisor contributed health advice in the following ongoing areas.

- *The Drinking Water Safety Act*.
- The three main *Public Health Act* Regulations that presently govern drinking water in Manitoba are under active rewrite.
- Consulted on Groundwater (wells) and sewage systems in villages with a long history of "Boil Orders", *example: Garson and Tyndall*.
- Advised on ambient air quality in spot areas. e.g. Transcona and province-wide, and, the Canada Wide Standards on particulate matter and how they may affect the health of the people of Manitoba.
- Advised on indoor air quality particularly moisture and mold. Contributed to the development of Provincial Guidelines for dealing with moisture and mold in private homes, rental properties, public buildings, First Nation's areas and workplaces in cooperation with Labour and Immigration, Workplace, Safety and Health.
- Contributed to a list of Technical Advisory Committees. e.g.
  - Lynn Lake mine tailings;
  - Sherridon/Cold Lake mine tailings;
  - Wuskwatim Hydro Dam Proposal;
  - AECL Nuclear Research Station Closure;
  - Flin Flon and Thompson, heavy metals in soils;
  - Hog farm siting, manure management, health risk analysis; and
  - Mosquito control with pesticides, health risk/benefit, West Nile Virus.

Food Protection

Food Protection Programs provide the public with a safe food supply by reducing the risk of foodborne illness due to chemical, microbiological, or other forms of contamination. Program goals are achieved through research, education, monitoring investigation, and regulation. Current initiatives are directed to creating greater harmonization and uniformity in food quality standards.

The Meat Inspection Program is designed to provide a safe and healthy meat supply to Manitobans through pre and post mortem examination of animals and inspection of physical facilities. During 2002-03, 28 slaughterhouses were operating under the Federal/Provincial Meat Inspection Agreement.

Manitoba Health coordinates food handler training with Assiniboine and Keewatin Community Colleges and public health inspectors with Manitoba Conservation.

Manitoba Health has been participating with other federal/provincial/territorial agencies to develop uniform and harmonized food standards and food inspection in Canada. A committee chaired by Manitoba Health completed the development of a national bottled water code.
The Unit is also developing with the departments of Conservation, Agriculture and Food, City of Winnipeg and the Canadian Food Inspection Agency a Memorandum of Understanding for food inspection programs.

Manitoba Health coordinates the distribution of Recalls and Allergy Alert notifications to provincial and regional health authorities.

Public Health Act

The Unit continues to work towards a modernized *Public Health Act*.

Tobacco Control

The Unit's two Tobacco Enforcement Officers continue to enforce provisions in *The Non-Smokers Health Protection Act* prohibiting the sale of tobacco products to minors. In 2002-03, 905 retailers were checked for compliance, 52 were issued tickets for selling tobacco to a minor, 65 warnings were issued and 2 charges were laid under the *Federal Tobacco Act* for selling single cigarettes. Since the program's inception in October 1996, 8,490 Manitoba retailers have been checked, 567 tickets issued, 394 warnings given and 37 charges under the *Federal Tobacco Act* have been laid. Based on these statistics, 87% of Manitoba's retailers are complying with the law. Crimestoppers provided commercial time to promote the enforcement program and advise the public of the requirements of the law.

Implementation of the provincial Tobacco Control Strategy announced in January 2002 by the Minister of Health is underway.

- A Youth Advisory Committee has been created and has had their inaugural meeting.
- Municipal grants for educational purposes have been issued to the City of Brandon and the City of Winnipeg to inform citizens of the new by-laws which prohibit smoking in public places.
- A mass media campaign promoting not smoking that targeted at young Manitobans was held in early 2003.

Oral Health

The goal of the Dental/Oral Health Unit is to promote policies and community-based programs aimed at optimizing dental and oral health for all Manitobans and to enhance adoption of positive dental health behaviour and practices.

- The Senior Dental Consultant facilitates and consults with the RHAs for the establishment of programs and projects. Partnerships with private associations and academic facilities help to guarantee evidence-based policy development. Dental Health staff undertakes reviews and monitors trends in dentistry to facilitate and implement the development of a Provincial Oral Health Strategy.
- The Senior Dental Consultant participated in the planning of a strategy to address the shortage of dental hygienists in Manitoba.
- Negotiations continue to resolve the issues of Pediatric Dental Surgical Wait lists:
  - Thompson Hospital Surgical Centre has opened a pediatric dental surgery repatriation program. Due to the success of this program there are currently no children from the Burntwood and surrounding area waiting for surgery.
  - Similar surgical programs are being considered by other Regional Health Authorities.
  - The Healthy Smile Happy Child prevention and promotion program is operating as a pilot program in three rural and one inner city area in an attempt to eradicate the problem of early childhood caries before Manitoba children are in need of general surgery. It is planned that the project be offered to all Manitoba communities.

- The Community Water Fluoridation Program is funded by Manitoba Health and facilitated by department staff. In 2002-03, 84 communities were fluoridating their water systems, representing 95% of the population on a public water supply (approximately 770,000 Manitobans).
- Activities continue to develop a needs assessment survey tool as well as an Oral Health Provincial Strategy.
- The process of developing an *Omnibus Dental Disciplines Act* for Manitoba continues.

3(f)-1 Public Health and Epidemiology

Expenditures by Sub-Appropriation	Actual 2002/03 $(000's)	FTE	Estimate 2002/03 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	1,824.2	28.75	1,824.9	(0.7)	
Other Expenditures	2,928.8		4,299.1	(1,370.3)	1
Vaccines	6,396.5		5,710.0	686.5	
External Agencies	252.1		345.2	(93.1)	2
Total Sub-Appropriation	**11,401.6**	**28.75**	**12,179.2**	**(777.6)**	

Explanation Number:

1. *Expenses for Biologics, Influenza, Hepatitis, Vaccine and Drugs Administration were charged to the Vaccines Sub-appropriation, resulting in an under-expenditure.*
2. *The under-expenditure is primarily due to the World Congress of the International Society for Heart Research – one-time funding in 2001-02.*

Cadham Provincial Laboratory Services

The Cadham Provincial Laboratory (CPL) has served Manitobans as their Public Health Laboratory since 1897. It has the sole responsibility for several province-wide public health and diagnostic services. CPL also provides reference and consultative services to Manitoba and other regions and is the central reference microbiology laboratory for the Province.

CPL is the "early warning system" for Manitoba Health to warn of impending outbreaks. This allows the Province to be proactive, rather than reactive, to public health concerns.

Major Accomplishments during 2002-03:

Organizational

- Introduced a modern and improved shipping/receiving and invoicing program to more accurately track costs, inventory and billing.
- Established accountable reporting of investigations on suspicious packages and substances.
- Reorganized space allocation to accommodate emerging needs in virology, microbiology and personal health information management.
- Rolled-out *Transport of Dangerous Goods* compliant shipping containers to rural diagnostic units.
- Updated laboratory requisitions.
- Performed an internal audit of the open ledger account with Audit Services.

Microbiology

- Converted to a modern blood culture system to minimize contamination, permit enhanced tracking capability and meet accreditation requirements.
- Converted the electronic DNA fingerprinting system to one compatible with the National fingerprinting system.
- Expanded urine-based STD testing to control and decrease the transmission of sexually-transmitted infection in Manitoba

Virology

- Responded to calicivirus outbreaks and determined key genotypic information on the circulating strains detected.
- Established safe response mechanisms for dealing with SARS specimens and acted as an early sentinel for possible SARS cases.
- Completed a national study on the prevalence of human metapneumovirus respiratory infections.

Serology/Parasitology

- Conducted a study on parasitic enteric disease in Manitoba seniors.
- Consulted and planned for West Nile Virus (WNV) testing and Provincial WNV Response planning.
- Participated in Outbreak Team response for a syphilis outbreak in the Winnipeg Health Region.
- Performed enhanced WNV testing of a flock of infected domestic geese.
- Introduced testing for Q fever, an animal borne cause of pneumonia.

Neonatal Screening and Public Health Chemistry

- Evaluated a complex modern system for reporting maternal serum screening results.
- Obtained modern robotic technology to enhance the Provincial Pesticide screening Program.

Technical Support Services

- Renovation and reorganization of space and workflow in Specimen Receiving to address safety concerns.
- Rationalized microbiology Quality Assurance services in the Manitoba Diagnostic Units.
- Renovated to address environmental issues in Sterilization and Wash-up.

Information Section

- Established enhanced audit and security practices.
- Established improved amendment records.
- Expanded electronic reporting to speed reporting and save on postage costs.

3(f)-2 Cadham Provincial Laboratory Services

Expenditures by Sub-Appropriation	Actual 2002/03 $(000's)	FTE	Estimate 2002/03 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	4,513.7	88.28	4,414.8	98.9	
Other Expenditures	3,576.2		3,712.8	(136.6)	
Total Sub-Appropriation	**8,089.9**	**88.28**	**8,127.6**	**(37.7)**	

Chief Medical Officer of Health

The Office of the Chief Medical Officer of Health is responsible for developing policy and standards for public health practice and to discharge, in conjunction with the Public Health Branch and the Regional Health Authorities, the Department's responsibilities as outlined in *The Public Health Act*. This Office assists in the development and articulation of healthy public policy and acts as a major spokesperson for the Department on public health matters.

The Office of the Chief Medical Officer of Health is responsible for the professional direction and support of a team of regional Medical Officers of Health (MOH) who work as members of regional public health teams to assure that public programs are carried out across the province in a consistent fashion. The MOH team has input to provincial healthy policy development through the Office of the Chief Medical Officer of Health.

Major Accomplishments in 2002-03:

- Public health leadership, communication and coordination of the response to the discovery of West Nile Virus (WNV) in Manitoba in July 2002.
- Enhanced the surveillance systems, communication materials and response capabilities for WNV
- Provided input and guidance in the development of and education regarding the *Security Management Act*, which included amendments to the current *Public Health Act*.
- Continued to review legislation in preparation for the development of a new *Public Health Act*.
- Represented Manitoba on the Federal/Provincial/Territorial Advisory Committee on Population Health and Health Security (ACPHHS).
- Chaired the Health Disparities Task Group of the ACPHHS.
- Represented Manitoba on the Healthy Living Task Group and the Consultation Reference Group (both working groups of ACPHHS).
- Collaborated with Manitoba Conservation in the implementation of the recommendations of the Provincial Drinking Water Advisory Committee, including the newly established Office of Drinking Water.

3(g) Medical Officers of Health

Expenditures by Sub-Appropriation	Actual 2002/03 $(000's)	FTE	Estimate 2002/03 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	1,563.0	15.50	1,886.8	(323.8)	1
Other Expenditures	874.9		585.7	289.2	2
Total Sub-Appropriation	**2,437.9**	**15.50**	**2,472.5**	**(34.6)**	

Explanation Number:

1. *The under-expenditure is due to vacant positions net of staff turnover allowance.*
2. *The over-expenditure is due to West Nile Virus activities not included in the 2002-03 Estimates.*

Health Programs

Aboriginal Health

The Aboriginal Health Branch (AHB) is Manitoba Health's key resource on Aboriginal health issues with respect to the development of policy, programs, initiatives and services for the Aboriginal community. The Branch works with staff within Manitoba Health; with other provincial jurisdictions, Aboriginal political territorial organizations and the Federal government, to meet that mandate.

Manitoba Health works extensively with the Federal Government on streamlining approaches, to service delivery for First Nations populations. Strengthening the federal/provincial relations will decrease overlap and duplication and address the gaps in service delivery.

The AHB keeps current on best practices, trends and innovative approaches in enhancing Aboriginal Health across Canada and globally.

The AHB operates within the following principles: a) healthy Aboriginal citizens are important to the overall quality of the economic, social and cultural life in Manitoba; b) a population health approach ensures a holistic approach in the development of future planning to meet the needs of Aboriginal people; and c) the need to build partnerships and relationships with northern communities, First Nations, Regional Health Authorities (RHAs) and the Federal government.

Specific Projects in 2002-03 included:

- **Aboriginal Health and Wellness Centre (AHWC)** - is situated at the Aboriginal Centre in Winnipeg. Manitoba Health is working with the Winnipeg RHA (WRHA) and the AHWC to coordinate the primary health care activities of the AHWC with that of other community health centres operated by the WRHA.
- **Manitoba's Aboriginal Strategy on HIV/AIDS** - Work on the development of an Aboriginal HIV/AIDS Strategy for Manitoba continues with key stakeholders, federally and provincially.
- **Interim Renal Health & Treatment Unit to serve the Island Lake communities** - Ongoing work on the development of improved dialysis services culminated in the announcement on March 17, 2003 of the new $5.2 million interim renal health and treatment unit to be built at Garden Hill. This Unit is the first dialysis unit outside a hospital in Manitoba and is the first unit in an isolated and remote community. The unit will be juxtaposed to the new federal nursing station. Construction will begin in Spring 2003.
- **First Nation Personal Care Homes Networking Group** – This partnership between Manitoba Health, Health Canada, Indian and Northern Affairs, and First Nation Personal Care Home Administrators was established to review and recommend policies and standards, on licensing and monitoring. Work is ongoing.
- **Diabetes Education Network (DEN)** – As part of the annual DEN Conference, a specific session on Aboriginal health was provided aimed at health care professionals.
- **Suicide Prevention** – Federal and provincial representatives from various departments along with Aboriginal organizations and service providers have formed an Aboriginal committee for suicide prevention (ACSP). Terms of reference have been developed. The mission of this committee is to work collaboratively on an intersectoral basis and develop a process to assist Aboriginal communities to mobilize resources and effectively deal with the issue of suicide. The ACSP is a partner committee to the Manitoba Committee. The Manitoba Conference on Suicide Prevention this year included an Aboriginal specific session.
- **Aboriginal Midwifery Education Program (AMEP)** – The AHB participates in the working group and assisted in the preparation of a Letter of Intent that was forwarded to Health Canada for funding to support proposal development for a comprehensive AMEP. This program will incorporate a blend of western and traditional midwifery practices.
- **Swampy Cree Tribal Council** - Mediation discussions are ongoing with representatives of the Swampy Cree Tribal Council, Health Canada and Manitoba Health concerning the delivery of health services and the development of an agreement to replace the 1964 Agreement.
- **Traditional Aboriginal Wellness Policy (TAWP)** - The interdepartmental working group co-lead by the AHB received approval-in-principle from central government to continue the work in bringing forth a guiding policy for government staff in planning Aboriginal initiatives.
- **Romanow Report** – The Romanow Joint Working Group was established to discuss and address First Nation health issues. Representation on the Group includes the Province, First Nations and the federal government. The objectives are to develop recommendations to Ministers and Grand Chiefs on better health outcomes for Manitoba First Nations' peoples and explore common decision making processes. A joint document will be produced to include identification of policy alternatives, guiding principles, specific objectives, desired outcomes, and development of an implementation plan.
- **Northern Nursing Stations** – Manitoba Health continues to manage four northern nursing stations in the communities of Mosakahiken Cree Nation/Moose Lake; Chemanwawin Cree Nation/Easterville; Grand Rapids First Nation/Grand Rapids, and War Lake First Nation/Ilford. The staff provide clinical treatment and public health services to individuals and families in their communities. Manitoba Health has started negotiations with the Burntwood Regional Health Authority (BRHA), War Lake First Nation, and Health Canada about the transfer of the operating responsibility for the Ilford Nursing Station to the BRHA.

Policy and Planning Branch *(New)*

The Policy and Planning Branch consists of the central administration unit and the units of Prevention, Community and Child Health; Women's Health and Acute Care; and Seniors and Persons with Disabilities. The Branch was constituted in early 2003 as part of the Health Accountability, Policy and Planning Division, to consolidate and emphasize longer range planning for the Department.

Women's Health and Acute Care

Women's Health - The focus of the Unit is on implementing the Women's Health Strategy that the Minister of Health and the Minister responsible for the Status of Women approved in 2000. The purpose of the Strategy is to ensure that the health status of women in Manitoba is addressed in a coordinated, sustainable, equitable and gender-sensitive manner. Key to the successful implementation of the Strategy, is working with the Regional Health Authorities (RHAs), women's organizations and other community groups, the Manitoba Women's Directorate, areas within Manitoba Health, as well as other government departments and services.

Major accomplishments and activities include:

- Completed final draft of an educational tool of gender and health planning.
- Assisted with two rural consultations with women on women's health hosted by the Minister responsible for the Status of Women.
- Initiated a process with the Manitoba Mental Health Managers Network that resulted in recommended directions for 2002-04 on gender considerations in the mental health system.
- Participated in a research symposium on women and mental health and presented original research done by Manitoba Health in the late 1990's on the needs of women with mental illness. The Canadian Institute of Health Research and the BC Centre of Excellence for Women's Health sponsored the event.
- Participated on the Strategy Development Committee to develop an action plan that addresses the concrete recommendations of the Pregnant Addicted Women (PAW) Study done in 2000.
- Represented Manitoba Health on the Board of the Prairie Women's Health Centre of Excellence.
- Organized presentations for Manitoba Health staff on newly completed research on women's health issues.

Acute Care and Other Activities

- Undertook a number of planning activities related to program development and quality/safety aspects of the health system; and
- Undertook aspects of planning across the health system, emerging health issues and interactions with professional associations.

Prevention, Community & Child Health *(formerly: Child Health)*

As a result of reorganization the Child Health Unit was renamed "Prevention, Community & Child Health". The Unit contributes to the objectives of the Policy and Planning Branch in developing key strategic and population health initiatives and programs in collaboration with Regional Health Authorities (RHAs), other government Departments and community organizations. These initiatives and programs are aimed at improving health outcomes for children, families and communities.

Significant activities in 2002-03 included:

Development of strategies to deal with specific issues affecting child health:

- **Infant Hearing Screening** - Early identification of hearing disabilities decreases the impact of the disability and the resulting cost burden on the service system. A Working Group including Manitoba Health and RHA representatives is developing options for the implementation of universal hearing screening at birth.
- **Injury Prevention** - Injury is the leading cause of death among Manitoba children. In May 2002, Manitoba Health held the first Injury-Free Manitoba Inter-sectoral Conference on injury prevention. Subsequently, a background paper on Injury Prevention in Manitoba was produced to provide direction to the development of future strategies to reduce injury morbidity and mortality. This includes a focus on both children and adults. Work also began on development of an injury surveillance report to provide data on injury incidence and trends in Manitoba. A report on the economic burden of injury in the province is planned.

- **Child Dental Health Promotion** - A pilot project was developed in collaboration with Winnipeg Regional Health Authority (WRHA), Health Canada, and University of Manitoba to improve early dental health and prevent early caries and resulting surgery. Prevention, Community & Child Health continues to provide some support for program supplies and travel and Healthy Child Manitoba approved further funding for the balance of the provincial share of support.

Identification of research, best practices, policy options, program and service implementation for health initiatives and inter-sectoral partnership activities:

- **Neonatal Resuscitation** - Needs Assessment assisted the Provincial Neonatal Resuscitation Committee to assess the availability and status of staff trained to provide neonatal resuscitation. The information gathered will be used to assist RHAs to plan their future training needs.
- **Nutrition screening for pre-school children** - A partnership of Manitoba Health, Sudbury & District Health Unit, NOR-MAN RHA and Parkland RHA to validate a national nutrition screening tool for use with pre-school children.
- **School Food and Nutrition** policy and program development, including best practices, was supported through a partnership with the Manitoba Council on Child Nutrition

Promotion of cross-sectoral strategic planning:

- **Fetal Alcohol Syndrome Initiatives** – The Unit provided support and expertise to RHAs, other government departments and community members regarding the development of responses to prevent and address FAS. Consultation is provided to the Addictions Foundation of Manitoba, Health Canada, the Coalition on Alcohol and Pregnancy, the Clinic for Drug and Alcohol Exposed Children, and numerous community level contacts.
- **Healthy Child Manitoba Partner** - The Unit works in close collaboration with Healthy Child Manitoba on a number of priority issues regarding children and families. Examples include Healthy Schools, participation on Healthy Child Program and Planning Committee, and strategies to address sexual exploitation of children.
- Manitoba Health chairs the Interdepartment Food and Nutrition Policy Committee to identify strategic opportunities to develop, modify or enhance policies, programs and practices that support nutritional health, food security, and active living through the life span.
- **Children's Therapy Initiative** - Manitoba Health continues to work collaboratively with Family Services and Housing, Education and Youth and Healthy Child Manitoba to improve coordination of and access to children's therapy services throughout Manitoba. During 2002-03, based on the vision and recommendations of a Pediatric Therapy Working Committee and regional consultations, a framework for the provision of children's occupational therapy, physiotherapy, speech/language therapy and audiology services was developed. Four demonstration programs that will illustrate a partnered, coordinated and integrated system of delivering therapy to children, were selected.
- **Sexually Exploited Children and Youth Strategy** - Manitoba Health participates in an Interdepartmental Committee working on activities to reduce/prevent the sexual exploitation of children. In partnership with Education & Youth a provincial workshop was held to increase awareness and to begin development of initiatives in this area.

Development of provincial initiatives based on best practices:

- **Asthma** - The incidence of asthma has increased dramatically in the last decade. The Children's Asthma Education Project at Health Sciences Centre has demonstrated the potential to significantly reduce the use of health care resources by children with asthma, particularly the use of Hospital Emergency services.
- **Baby Friendly Initiative** - The Unit chaired the Baby Friendly Manitoba Coordinating Committee which works in partnership with RHAs and community experts to promote and support breastfeeding as the optimal choice for infant nutrition. A Breastfeeding Clinical and Research round was initiated to support ongoing best practice discussion and dissemination of current research in the field. A second Provincial conference led RHAs in the development of regional Breastfeeding Committees and regional plans to increase breastfeeding support in hospitals and in the community.

- **Healthy Schools** - Unit staff and the Healthy Schools Provincial Coordinator worked in partnership with Healthy Child Manitoba, RHAs, education authorities and other government and non-government partners to implement this initiative designed to promote the physical, emotional and social health of students, their families, school staff and school communities. The initiative is based on the premise that good health is necessary for learning, and recognizes that schools can positively influence several of the determinants that affect healthy child, adolescent and family development. Funding to support the implementation of Healthy Schools is allocated in the budget of Healthy Child Manitoba.

Seniors & Persons with Disabilities

Seniors & Persons with Disabilities (SPD) provides leadership and direction to the Department and Regional Health Authorities (RHAs) for policy, planning and strategic initiatives for the continuum of services for seniors and persons with disabilities. The Unit collaborates with RHAs, other government sectors and community organizations in this planning.

Major Accomplishments in 2002-03:

- Developed "*A Strategy for Alzheimer Disease and Related Dementias in Manitoba*".
- Continued to work with Brandon and Winnipeg RHAs and Family Services and Housing to develop a low income integrated supported housing model for seniors, seniors with disabilities, younger disabled and mental health individuals.
- Worked with the Interdepartmental Working Group on Abuse of the Elderly to develop an information package pertaining to physical and sexual abuse, psychological abuse, financial abuse and neglect.
- Concluded the facility-visit phase of the evaluation of draft Standards in personal care homes.
- Developed a provincial restraint policy for personal care homes to ensure that RHAs have a policy that prescribes the assessment for and use of restraints in personal care homes.
- Established an Internal Committee to review the *Full Citizenship Report (A Manitoba Provincial Strategy on Disability)* and recommend the steps Manitoba Health needs to take to advance the outcomes of the strategy.
- Participated in review and planning for individuals with Acquired Brain Injury (ABI) and their families.

Home Care

The SPD Unit is responsible for Home Care long-term policy development, standards development, research into best practice, and consultation and liaison.

Summary of Activities:

- Continued work on the development of formal Expectations and Measures for Home Care. Central to this task the working group compiled a summary of data requirements, which will become the basis for Minimum Reporting Requirements for Home Care for Regional Health Authorities.
- Worked with federal, provincial, territorial groups to define Home Care for Canadians as noted in the 2003 First Minister's Accord on Health Care Renewal.
- Reviewed and revised the eligibility criteria and policy related to the Provincial Home Oxygen Therapy Program.
- Provided consultation to the RHAs on a number of policy issues.
- Responded to inquiries and surveys from researchers and other jurisdictions for information about Home Care and related issues in Manitoba.

Mental Health

As a result of re-organization Mental Health now falls under Health Workforce-Mental Health Branch.

The Mental Health Branch provides provincial leadership in planning for services and supports needed by persons experiencing mental health issues so that they may live with optimal independence and health status.

For the past two years, mental health has been identified as a major priority within the Department of Health. This has increased the profile of mental health in Manitoba and provided the impetus required to achieve the objectives outlined as part of Mental Health Renewal (initiated in 2001). Mental Health Renewal includes a broadening of the mandate of the mental health system to include practices that improve mental wellness as well as treat mental illness, with a focus on promotion, prevention and early intervention.

In 2002-03 the Mental Health Branch continued to work towards the goals of Mental Health Renewal including:

- The enhanced, meaningful involvement of consumers, family members, and other natural supports in individual services and in health system planning.
- The enhancement of the role of self-help groups in the mental health system and in the lives of consumers, family members, and other natural supports.
- The development of provincial strategies for education in the areas of mental health, mental illness, and early identification and prevention of mental illness.
- Improved availability and accessibility of quality mental health services in the Province based on best practices in mental health.
- Improved integration and continuity of mental health and health related services.

The Mental Health Branch has identified four strategic directions as essential to carrying out its mandate:

- To provide leadership in mental health through the development of guidelines and models for the development and delivery of mental health services.
- To plan for the expansion of the range of mental health services that are accessible and available to Manitobans.
- To plan for the provision of educational opportunities to the public and professionals to increase their understanding of mental health recovery.
- To increase the accountability and effectiveness of the mental health system by developing the indicators and tools necessary to measure outcomes.

Accomplishments in 2002-03 include:

- Provided new funding to the Regional Health Authorities (RHAs) for supported housing staff to assist Manitobans with mental illness to locate, obtain and keep housing in the community.
- Participated on intersectoral committees to develop strategies to address housing issues for Manitobans living with mental illness.
- Participated on an inter-provincial committee related to the Health Accord and in home mental health supports.
- Lead and coordinated planning for a) the redevelopment of the Selkirk Mental Health Centre; b) services and supports for Manitobans with acquired brain injury (ABI); c) the development of a provincial policy on abuse in psychiatric facilities; and d) the enhancement of psychogeriatric programs and services.
- Developed recommendations regarding practice competencies and education enhancement for mental health service providers, and accessed $197,300 in funding through Neighbourhoods Alive! for the development of a Mental Health Support Worker Certificate training program which provided training to consumers of mental health services in preparation for employment in mental health.
- In collaboration with the Addictions Foundation of Manitoba and RHAs, initiated the provincial implementation of the Co-occurring Mental Health and Substance Use Disorders initiative.
- Initiated province-wide planning to coordinate and enhance services for clients with eating disorders.
- Provided new funding to Klinic Community Health Centre for the development of a public awareness module on body image and self-esteem for schools across Manitoba to be delivered by the Teen Talk program.
- Continued funding and support to the Provincial Special Needs Unit, the Mental Health Education Resource Centre of Manitoba and the Manitoba Farm and Rural Stress Line.

- Continued funding and support of self-help organizations including the Anxiety Disorders Association, the Canadian Mental Health Association–Manitoba Division, the Mood Disorders Association, the Obsessive Compulsive Information and Support Centre, and the Manitoba Schizophrenia Society; and facilitated discussions with these agencies on re-organization, co-location and establishing a common point of entry.
- Continued work with the Provincial Mental Health Advisory Council to develop a provincial policy on meaningful consumer participation; and funded and supported Partnership for Consumer Empowerment to promote consumer capacity building and participation within their communities.
- Continued participation on the Federal/Provincial/Territorial Advisory Network on Mental Health, the Mental Health Managers Network, various inter-departmental committees including Justice, Family Services & Housing, Education and Training, as well as other community-lead initiatives.

3(h) Health Programs

Expenditures by Sub-Appropriation	Actual 2002/03 $(000's)	FTE	Estimate 2002/03 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	3,495.7	63.35	4,039.6	(543.9)	
Other Expenditures	2,506.0		2,823.0	(317.0)	
External Agencies	4,626.9		4,676.4	(49.5)	
Total Sub-Appropriation	**10,628.6**	**63.35**	**11,539.0**	**(910.4)**	

Health Services Insurance Fund

The Health Services Insurance Fund provides for program costs related to payments to health authorities for acute and long-term care, home care, community and mental health and emergency response and transportation services. The Fund also provides direct payments to providers of insured services, and individuals claiming reimbursement of expenditures. This includes Provincial Health Services, the Medical Program, and the Pharmacare Program.

Funding to Health Authorities

Payments are made to the Regional Health Authorities (RHAs) for Manitoba hospitals, health centres, personal care homes (PCHs), regional laundries, mental health facilities,' the Ambulance Program, the Northern Patient Transportation Program, CancerCare Manitoba (CCMB), and the Manitoba Adolescent Treatment Centre (MATC).

Acute Care Services

Health services provided to persons in hospital as insured services include:

- Standard ward accommodation and meals (a charge for private or semi-private accommodation may be made directly to a patient).
- Necessary nursing services.
- Laboratory, radiological and other diagnostic procedures.
- Drugs, biologics and related preparations.
- Use of operating room, case room and anaesthetic facilities.
- Routine medical and surgical supplies.
- Radiotherapy, physiotherapy, occupational and speech therapy, where available; and
- Other services approved by Manitoba Health.

Manitoba has a total of 5,019 provincially funded acute care, community mental health and addictions, and other (psychiatric extended treatment, palliative, chronic, long-term assessment and rehabilitation/paneled) set-up beds.

Winnipeg has 2,732 acute care, community mental health and addictions, and other set-up beds.

In rural and northern Manitoba, there are 2,287 acute care, community mental health and addictions, and other set-up beds. In addition, rural Manitobans have access to Winnipeg beds as required.

Major Accomplishments in 2002-03:

- The HSC Critical Services Redevelopment Project to redevelop the ER, Critical Care, Intensive Care and Operating Rooms was initiated.
- The redevelopment of the CCMB building at the McCharles site was completed.
- Manitoba was established as a Gamma Knife Neurosurgery Site of Excellence. This is part of a provincial/territorial effort to share human resources and equipment by establishing sites of excellence for low volume, high-risk areas of medical/surgical care.
- The Home Ventilatory Assistance Devices program was expanded to improve access to specialized equipment in the treatment of sleep disorders.
- An expansion of pediatric dental surgery services to northern Manitoba to the Burntwood RHA was approved to reduce the waiting times for these surgeries.
- Dialysis services, operated by the Manitoba Renal Program on behalf of the Province, continued to expand. Service volumes continue to grow, with an increase of 81.6% in the number of dialysis treatments, and 78.9% in the number of dialysis patients from 1996-97 to 2002-03. The dialysis expansion of the Seven Oaks General Hospital was opened in 2002.
- MB Telehealth services for cancer patients were introduced.
- Regional Support Services (RSS) worked with the Winnipeg Regional Health Authority (WRHA) to establish and incorporate the Multiple Sclerosis (MS) Clinic as part of the Medicine Program at the conclusion of a pilot project.

- RSS worked with the WRHA to continue the expansion of the Comprehensive Stroke Program. Stroke prevention clinics were opened in 2002 at the Health Sciences Centre and St. Boniface General Hospital, improving services in areas such as treatment, prevention and education.
- Enhancement of the Manitoba Breast Screening Program with an additional mobile mammography unit, enabling an additional 2,000 breast screens in Winnipeg from December 2002 to March 2003.

Long Term Care Services

Personal care services provided to persons in PCHs consist of:

- Basic nursing care under the supervision of a registered nurse.
- Personal assistance with activities of daily living.
- Supervision of activities of daily living together with goods and services that are specified in regulations.
- In 2002-03 two additional PCH beds were added in Rideau Park PCH in Brandon and 20 PCH beds were added in Salem Home in Central RHA.
- There are now 125 licensed PCHs in Manitoba with 9,636 licensed beds and 194 non-licensed interim beds to give a total of 9,830 PCH beds. Thirty-nine of Manitoba's PCHs are in Winnipeg and 86 PCHs are in the rural and northern regions.

Home Care Services

- Manitoba Home Care is a province-wide program, which provides essential in-home support to eligible individuals through a range of assessment and direct care services. Home Care services are provided as an alternative to facility care when care in the home is the most appropriate option, and when Home Care services are required to augment the services available from family, community and other resources. On a short term basis, Home Care services facilitate hospital discharge and also allow individuals receiving palliative care to be cared for in their own homes. On a longer term basis, Home Care services assist individuals to live in their own homes as long as is safely possible as an alternative to facility placement.
- Home Care services are delivered through the local offices of the RHAs and include a broad range of services based on a multidisciplinary assessment of individual needs. Professional staff assess for eligibility for Home Care, Supportive Housing, Adult Day Care, Respite care and PCH Placement. They also provide care planning, case management and coordination of service for Home Care clients. Direct services provided by the RHAs include nursing, therapy, personal care, and household maintenance services such as meal preparation and laundry. Specialty services such as Intravenous Therapy, Dialysis and Home Oxygen Therapy are also available where there is a sufficient need in the community. Medical supplies and equipment are available province-wide to eligible Home Care clients to support the client's care plan.

Support Services to Seniors Program

- The Support Services to Seniors Program was developed to assist seniors to remain independent in the community. Flexibility in policy allows for variations in communities and promotes a sense of local ownership, a commitment to local solutions, and the use of volunteers from existing support services. There are 88 Resource Councils in Manitoba that deliver a range of services designed to help people remain in their homes and communities for as long as possible, while providing respite to caregivers and delaying entry to Home Care or PCHs. Services range from congregate meal programs to emergency response systems.
- There are 21 Senior Centres, which are community-based that provide a range of services and programs in personal growth, independence and community involvement.
- There are 71 funded Adult Day Programs in Manitoba. Adult Day Programs reduce isolation, facilitate socialization, friendships and daily functioning as well as give client's family caregivers a break.

Community and Mental Health Services

All core mental health services, with the exception of self-help services, the Office of the Chief Provincial Psychiatrist and the Provincial Mental Health Centre (i.e. Selkirk Mental Health Centre), were delivered through the 11 RHAs. The core mental health services that must be available to residents of all regions include:

- Assessment and Identification Services
- Acute-Care Treatment
- Mobile Crisis Intervention Services
- Crisis Stabilization Units
- Supportive Housing Options
- Psychosocial Rehabilitation
- Self-Help and Family Supports
- Intensive Case Management
- Long Term Care and Treatment Capacity
- Prevention, Promotion and Public Education Services
- Community alternatives to acute care include Safe House resources and Crisis Stabilization Units. Safe houses are located in Winnipeg, Portage la Prairie, Thompson, and Swan River. Crisis stabilization units are available in Winnipeg, Selkirk, and Brandon. As well, mobile crisis units are available in Winnipeg, Brandon, Interlake, Central, South Eastman, and Parkland RHAs. Self-help groups including Anxiety Disorders Association of Manitoba, Manitoba Schizophrenia Society and Mood Disorders are active in most regions of the Province, as is the Canadian Mental Health Association.
- In 2002-03 a review of the Winnipeg crisis services was undertaken. Recommendations from this review will be used to improve the crisis response for mental health clients in the community.

Emergency Response & Transport Services

Ambulance Program

For further details – please refer to page 48 [21-3E - Emergency Health and Ambulance Services]

Northern Patient Transportation Program

For further details – please refer to page 48 [21-3E - Emergency Health and Ambulance Services]

4(a) Funding to Health Authorities

Expenditures by Sub-Appropriation	Actual 2002/03 $(000's)	FTE	Estimate 2002/03 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Other Expenditures					
Acute Care Services	1,172,832.7		1,178,734.1	(5,901.4)	1
Long Term Care Services	377,448.1		373,072.1	4,376.0	2
Home Care Services	191,316.7		184,177.1	7,139.6	3
Community & Mental Health Services	98,350.1		101,247.9	(2,897.8)	4
Emergency Response & Transport Services	22,851.8		20,377.3	2,474.5	5
Third Party Recoveries	(5,673.6)		(4,065.5)	(1,608.1)	6
Reciprocal Recoveries	(28,854.7)		(28,465.6)	(389.1)	
Recoverable from Urban Economic Development Initiatives	(2,000.0)		(2,000.0)	0.0	
Total Sub-Appropriation	**1,826,271.1**		**1,823,077.4**	**3,193.7**	

Explanation Number:

1. *The under-expenditure is mainly due to outstanding wage settlements for 2002-03.*
2. *The over-expenditure is mainly due to a net re-distribution of the 2002-03 funding as per RHAs offset by an adjustment to Residential charges where fees earned were higher than estimated.*
3. *The over-expenditure is mainly due to a net re-distribution of the 2002-03 funding as per RHAs and outstanding wage settlements in 2002-03.*
4. *The under-expenditure is mainly due to reduction in wage settlements.*
5. *The over-expenditure is mainly due to a net re-distribution of the 2003-03 funding as per RHAs offset by an under-expenditure in wage settlements.*
6. *The recoveries from MPI were higher than planned.*

Provincial Health Services

Out of Province

For further details – please refer to page 28 [21-2(a): Insured Benefits - OOP Claims/Reciprocal Agreements].

Blood Programs *(formerly: Blood Transfusion Services)*

- Blood Programs provides funding for the provision of safe, reliable, cost-effective, high-quality, and free transfusion of blood and blood product services to patients of medical practitioners and hospitals in the Province of Manitoba.
- The program provides collaborative leadership of the provincial blood system with key stakeholders (Regional Health Authorities, Canadian Blood Services, College of Physicians & Surgeons of Manitoba, Health Canada, and Federal/Provincial/Territorial representatives) to facilitate effective and efficient utilization management of blood products and services. Key initiatives include development of Adverse Events Reporting System (AERS); implementation of Quality Assurance initiatives including education, monitoring and evaluation; and to serve as an information resource to Manitobans.
- The program provides Provincial representation to a provincial/territorial blood liaison committee with Canadian Blood Services (CBS) to oversee CBS's annual operating budget and business plan, to ensure that the original guiding principles establishing CBS's creation are maintained.
- The program is responsible for the development and management of a Hepatitis C Assistance Program in Manitoba (MHCAP) for individuals who became infected with hepatitis C after receiving blood or blood products before January 1, 1986 or between July 1, 1990 and September 28, 1998.

Major Accomplishments for 2002-03:

- Implementation of a Province-wide Adverse Events Reporting System (AERS) for blood and blood product transfusions.
- Implementation of Provincial Quality Manuals for blood banks, cross-match centers and allied services.

Federal Hospitals

For further details – please refer to page 93 [RHA & Other Facilities: Net Manitoba Health Payments 2001-02 and 2002-03].

Prosthetic and Orthotic Devices

For further details – please refer to page 29 [21-2(a): Pharmacare/Ancillary Programs].

Healthy Communities Development

Healthy Communities Development provided funding to assist with the one-time costs of the implementation and bridging of priority alternative health care services and programs.
During 2002-03 active projects included:

- Midwifery Implementation
- Tobacco Strategy
- AIDS/STD Strategy
- Community Nurse Resource Centres Norman/Parklands
- Western Canadian Waiting List
- Aboriginal Health and Wellness
- Hepatitis C Compassionate Assistance
- Primary Health Care Transition Fund

Nursing Recruitment and Retention

For further details – please refer to page 39 [21-2(f): Workforce Policy and Planning – "Nurses"].

4(b) Provincial Health Services

Expenditures by Sub-Appropriation	Actual 2002/03 $(000's)	FTE	Estimate 2002/03 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Other Expenditures					
Out-of-Province	21,902.2		18,637.8	3,264.4	1
Blood Transfusion Services	39,954.8		40,022.3	(67.5)	
Federal Hospitals	2,214.5		1,606.7	607.8	2
Prosthetic and Orthotic Devices	6,881.5		6,452.3	429.2	
Healthy Communities Development	7,021.5		12,200.0	(5,178.5)	3
Nursing Recruitment and Retention Initiative	2,413.5		2,700.0	(286.5)	
Other	221.3		213.0	8.3	
Total Sub-Appropriation	**80,609.3**		**81,832.1**	**(1,222.8)**	

Explanation Number:

1. *The over-expenditure is primarily due to volume increases, in addition to price increases as a result of the revised In-Hospital per diem rates.*
2. *The over-expenditure is primarily a result of hospitals and nursing stations submitting late claims from prior years.*
3. *The under-expenditure is mainly a result of delays in implementation of Primary Health Care Transition Fund projects.*

Medical Program

The Medical Program provides payment to physicians, optometrists, chiropractors, licensed dentists, certified oral surgeons and maxillofacial surgeons. Payment is generally made on a fee-for-service basis in accordance with a Schedule of Benefits, which reflects agreements negotiated between Manitoba Health and the various professional associations.

In 2002-03, 15.9 million physician services, 158,400 optometric services, 831,315 chiropractic services and 3,500 oral surgeon services were provided.

For further details – please refer to page 27 [21-2(a): Insured Benefits – Medical & Hospital Programs].

4(c) Medical

Expenditures by Sub-Appropriation	Actual 2002/03 $(000's)	FTE	Estimate 2002/03 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Other Expenditures					
Physician Services	521,611.2		518,225.8	3,385.4	1
Other Professionals	11,848.1		10,911.0	937.1	
Out of Province Physicians	17,499.1		16,446.4	1,052.7	
Other	4,509.0		9,574.5	(5,065.5)	2
Third Party Recoveries	(2,901.7)		(7,048.0)	4,146.3	3
Reciprocal Recoveries	(9,179.0)		(9,840.6)	661.6	
Total Sub-Appropriation	**543,386.7**		**538,269.1**	**5,117.6**	

Explanation Number:

1. *The over-expenditure is primarily the result of price increases for physicians (Fee-for-Service and Alternate Funding), partially offset by volume decreases.*
2. *The under-expenditure is mainly due to delays in implementation of various strategies in the Physician Recruitment and Retention Program.*
3. *Recoveries from Workers Compensation Board less than budgeted.*

Pharmacare Program

The Pharmacare Program funds pharmaceutical benefits, as provided for in *The Prescription Drugs Costs Assistance Act and Regulations*, in order to protect the residents of Manitoba from financial hardships resulting from expenses for prescription drugs.

To apply for benefits under the Income Based Pharmacare Program, a Pharmacare Application and Consent Authorization form must be completed. Manitoba residents have the option of applying to the Pharmacare Program annually or through a one-time enrollment application process. Manitobans who selected the one-time enrollment process will no longer be required to annually submit a Pharmacare Application along with income verification. A Pharmacare deductible is assessed based on the family's total income. Once this deductible is met, all eligible drug costs are covered 100% until the end of the benefit year.

Applications may be submitted any time during the benefit year (April 1 through March 31) and are available at all pharmacies in Manitoba as well as the Provincial Drug Programs Branch at 300 Carlton Street, Winnipeg, Manitoba, R3B 3M9.

In 2002-03, the annual Pharmacare deductible was determined for each family unit on the basis of annual total family income – 2.10% for those with a total family income up to $15,000.00 per year (minimum $100.00 deductible); 3.15% for those with a total family income greater than $15,000 per year. Total family income includes the annual income of each spouse, based on line 150 (total income) of The Canada Customs and Revenue Agency (Revenue Canada's) Notice of Assessment, reduced by an adjustment of $3,000.00 for a spouse and for each dependant child under 18 years of age, where applicable.

4(d) Pharmacare

Expenditures by Sub-Appropriation	Actual 2002/03 $(000's)	FTE	Estimate 2002/03 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Other Expenditures	160,812.0		136,658.7	24,153.3	1
Total Sub-Appropriation	**160,812.0**		**136,658.7**	**24,153.3**	

Explanation Number:

1. *The over-expenditure is attributable to higher average price per prescription due to change in utilization (product mix), together with volume increases.*

Addictions Foundation of Manitoba

The Addictions Foundation of Manitoba contributes to the health well-being of Manitobans by addressing the harm associated with addictions through education, prevention, rehabilitation and research.

The Addictions Foundation of Manitoba expenditures are contained in a separate Annual Report issued by the Foundation.

5 Addictions Foundation of Manitoba

Expenditures by Sub-Appropriation	Actual 2002/03 $(000's)	FTE	Estimate 2002/03 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Other Expenditures	11,741.6		11,741.6	0.0	1
Total Sub-Appropriation	**11,741.6**		**11,741.6**	**0.0**	

Explanation Number:

1. *Details of the Addictions Foundation of Manitoba expenditures are reported in a separate Annual Report.*

Capital Grants

This appropriation processed payments associated with the acquisition and construction of physical assets directly from the Health Services Insurance Fund. Payments cover such capital costs as principal repayments of approved capital borrowing, equipment purchases, funding of reserves for major repairs, and cash expenditure for capital projects.

6(a) Acute Care

Expenditures by Sub-Appropriation	Actual 2002/03 $(000's)	FTE	Estimate 2002/03 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Principal Repayments	33,452.5		35,145.4	(1,692.9)	
Equipment Purchases and Replacements	27,579.5		29,937.0	(2,357.5)	1
Other	1,557.7		8,251.7	(6,694.0)	2
Total Sub-Appropriation	**62,589.7**		**73,334.1**	**(10,744.4)**	

Explanation Number:

1. *The under-expenditure is due to a delay in the purchase of medical equipment.*
2. *The under-expenditure is due to cash provisions for Information Technology – RHA requirements and capital projects delayed.*

6(b) Long Term Care

Expenditures by Sub-Appropriation	Actual 2002/03 $(000's)	FTE	Estimate 2002/03 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Principal Repayments	16,558.2		16,761.3	(203.1)	
Equipment Purchases and Replacements	1,362.0		1,847.2	(485.2)	1
Other	1,656.3		1,958.0	(301.7)	
Total Sub-Appropriation	**19,576.5**		**20,566.5**	**(990.0)**	

Explanation Number:

1. *The under-expenditure is mainly due to a delay in the purchase of medical equipment.*

6(c) Community and Mental Health Services

Expenditures by Sub-Appropriation	Actual 2002/03 $(000's)	FTE	Estimate 2002/03 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Principal Repayments	898.7		1,432.5	(533.8)	1
Other	0.0		312.5	(312.5)	
Total Sub-Appropriation	**898.7**		**1,745.0**	**(846.3)**	

Explanation Number:

1. *The under-expenditure is mainly due to the delay in completing projects in the Capital Program.*

6(d) Provincial Programs

Expenditures by Sub-Appropriation	Actual 2002/03 $(000's)	FTE	Estimate 2002/03 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Principal Repayments	27.6		27.6	0.0	
Total Sub-Appropriation	**27.6**		**27.6**	**0.0**	

Amortization of Capital Assets

This appropriation provided for the amortization of capital assets during the year.

7 Amortization and Other Costs Related to Capital Assets

Expenditures by Sub-Appropriation	Actual 2002/03 $(000's)	FTE	Estimate 2002/03 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Desktop Services	1,313.4		1,322.1	(8.7)	
Amortization Expense	1,090.9		1,170.1'	(79.2)	
Interest Expense	578.7		696.9	(118.2)	1
Total Sub-Appropriation	**2,983.0**		**3,189.1**	**(206.1)**	

Explanation Number:

The under-expenditure is mainly due to the delays of capital projects in 2002-03.

Financial Report Summary Information Part 1

Manitoba Health
Reconciliation Statement
April 1, 2002 - March 31, 2003

DETAILS	2002/03 ESTIMATES
2002/03 Main Estimates:	$2,769,180.2
Allocation of Funds From: Enabling Appropriations	24,504.7
2002/03 Estimate:	**$2,793,684.9**

(1) Although included in the above Estimate, details of the Addictions Foundation of Manitoba expenditures are reported in a separate Annual Report.

(2) Of the total amount voted in Enabling Vote, $19,300.0 was allocated for medical equipment, $5,200.0 was allocated for Primary Health Care Transition Fund; and $4.7 for Health Programs.

Manitoba Health

Expenditure Summary

for fiscal year ended March 31, 2003

Estimate 2002/03 $(000s)		Appropriation	Actual (1) 2002/03 $(000s)	Actual (2) 2001/02 $(000s)	Increase (Decrease) $(000s)	Expl. No.
28.4	21 1A	Minister's Salary	28.3	28.0	0.3	
	21-1B	Executive Support				
591.4		-1 Salaries and Employee Benefits	753.7	747.8	5.9	
111.3		-2 Other Expenditures	237.5	199.4	38.1	1
	21-1C	Finance and Administration				
2,415.8		-1 Salaries and Employee Benefits	2,288.4	2,183.9	104.5	
622.7		-2 Other Expenditures	769.2	699.7	69.5	
	21-1D	Human Resource				
974.4		-1 Salaries and Employee Benefits	846.8	878.9	(32.1)	
126.4		-2 Other Expenditures	147.0	151.2	(4.2)	
	21-1E	Corporate Services				
2,073.3		-1 Salaries and Employee Benefits	1,619.2	1,651.9	(32.7)	
582.2		-2 Other Expenditures	636.8	700.3	(63.5)	
	21-1F	Office of Protection for Persons in Care		-		
219.7		-1 Salaries and Employee Benefits	274.3	281.20	(6.9)	
217.4		-2 Other Expenditures	184.1	208.40	(24.3)	
7,963.0		**Total Appropriation 21-1**	**7,785.3**	**7,730.7**	**54.6**	

Manitoba Health

Expenditure Summary

for fiscal year ended March 31, 2003

Estimate 2002/03 $(000s)		Appropriation	Actual (1) 2002/03 $(000s)	Actual (2) 2001/02 $(000s)	Increase (Decrease) $(000s)	Expl. No.
	21-2A	Insured Benefits Services				
6,901.4	-1	Salaries and Employee Benefits	6,832.2	6,593.6	238.6	
3,810.9	-2	Other Expenditures	2,981.3	3,783.2	(801.9)	2
	21-2B	Financial Services				
1,265.1	-1	Salaries and Employee Benefits	1,220.9	1,321.5	(100.6)	
211.1	-2	Other Expenditures	204.1	205.8	(1.7)	
	21-2C	Information Systems				
3,938.9	-1	Salaries and Employee Benefits	3,953.4	3,873.1	80.3	
4,932.9	-2	Other Expenditures	6,520.0	5,190.8	1,329.2	3
132.9	-3	External Agencies	121.9	120.6	1.3	
	21-2D	Capital Planning				
822.1	-1	Salaries and Employee Benefits	591.1	544.9	46.2	
246.2	-2	Other Expenditures	133.5	211.8	(78.3)	4
	21-2E	Evaluation, Monitoring and Appeals				
716.8	-1	Salaries and Employee Benefits	615.9	620.8	(4.9)	
497.7	-2	Other Expenditures	439.8	319.6	120.2	5
140.1	-3	External Agencies	140.1	140.1	0.0	
	21-2F	Health Labour Relations				
1,366.2	-1	Salaries and Employee Benefits	1,229.3	1,278.8	(49.5)	
444.8	-2	Other Expenditures	455.3	384.4	70.9	6
729.8	-3	External Agencies	659.8	636.1	23.7	
	21-2G	Grants for Evaluation and Research				
1,850.0	-1	Manitoba Centre for Health Policy & Evaluation	1,850.0	1,850.0	0.0	

Manitoba Health

Expenditure Summary

for fiscal year ended March 31, 2003

Estimate 2002/03 $(000s)		Appropriation	Actual (1) 2002/03 $(000s)	Actual (2) 2001/02 $(000s)	Increase (Decrease) $(000s)	Expl. No.
1,752.6	-2	Manitoba Health Research Council	1,752.6	0.0	0.0	
(1,752.6)		To Energy Science & Technology	(1,752.6)	0.0	0.0	
28,006.9		**Total Appropriation 21-2**	**27,948.6**	**27,075.1**	**873.5**	
	21-3A	Administration				
162.4	-1	Salaries and Employee Benefits	138.4	175.0	(36.6)	7
173.2	-2	Other Expenditures	0.0	81.5	(81.5)	8
	21-3B	Regional Support Services				
2,578.2	-1	Salaries and Employee Benefits	2,370.3	2,320.8	49.5	
871.0	-2	Other Expenditures	656.9	667.8	(10.9)	
	21-3C	Chief Provincial Psychiatrist				
181.3	-1	Salaries and Employee Benefits	202.7	178.1	24.6	
47.7	-2	Other Expenditures	48.4	38.7	9.7	9
	21-3D	Selkirk Mental Health Centre				
20,451.5	-1	Salaries and Employee Benefits	19,682.2	19,572.5	109.7	
3,390.2	-2	Other Expenditures	4,016.0	3,686.4	329.6	
	21-3E	Emergency Health and Ambulance Services				
1,045.6	-1	Salaries and Employee Benefits	1,059.9	1,006.6	53.3	
4,031.9	-2	Other Expenditures	4,363.8	5,069.9	(706.1)	10
22.5	-3	External Agencies	22.5	22.5	0.0	
	21-3F-1	Public Health and Epidemiology				
1,824.9	-a	Salaries and Employee Benefits	1,824.2	1,795.9	28.3	
4,299.1	-b	Other Expenditures	2,928.8	4,589.6	(1,660.8)	11

Expenditure Summary

for fiscal year ended March 31, 2003

Estimate 2002/03 $(000s)		Appropriation	Actual (1) 2002/03 $(000s)	Actual (2) 2001/02 $(000s)	Increase (Decrease) $(000s)	Expl. No.
5,710.0		-c Vaccines	6,396.5	4,685.0	1,711.5	12
345.2		-d External Agencies	252.1	476.3	(224.2)	13
	21-3F-2	Cadham Provincial Laboratory Services				
4,414.8		-1 Salaries and Employee Benefits	4,513.7	4,300.7	213.0	
3,712.8		-2 Other Expenditures	3,576.2	3,605.2	(29.0)	
	21-3G	Medical Officers of Health				
1,886.8		-1 Salaries and Employee Benefits	1,563.0	1,405.5	157.5	
585.7		-2 Other Expenditures	874.9	572.3	302.6	14
	21-3H	Health Programs				
4,039.6		-1 Salaries and Employee Benefits	3,495.7	3,734.2	(238.5)	
2,823.0		-2 Other Expenditures	2,506.0	2,123.5	382.5	15
4,676.4		-3 External Agencies	4,626.9	4,484.0	142.9	
67,273.8		**Total Appropriation 21-3**	**65,119.1**	**64,592.0**	**527.1**	

Manitoba Health

Expenditure Summary

for fiscal year ended March 31, 2003

Estimate 2002/03 $(000s)		Appropriation	Actual (1) 2002/03 $(000s)	Actual (2) 2001/02 $(000s)	Increase (Decrease) $(000s)	Expl. No.
	21-4A	Funding to Health Authorities				
1,178,734.1		Acute Care Services	1,172,832.7	1,106,412.4	66,420.3	16
373,072.1		Long Term Care Services	377,448.1	375,951.6	1,496.5	
184,177.1		Home Care Services	191,316.7	178,039.9	13,276.8	17
101,247.9		Community and Mental Health Services	98,350.1	97,490.3	859.8	
20,377.3		Emergency Response and Transport	22,851.8	21,532.8	1,319.0	
(4,065.5)		Third Party Recoveries	(5,673.6)	(4,869.8)	(803.8)	
(28,465.6)		Reciprocal Recoveries	(28,854.7)	(26,637.2)	(2,217.5)	18
(2,000.0)		Recoverable from Urban Development Initiative	(2,000.0)	(2,000.0)	0.0	
	21-4B	Provincial Health Services				
18,637.8		Out-of-Province	21,902.2	25,425.8	(3,523.6)	19
40,022.3		Blood Transfusion Services	39,954.8	37,723.4	2,231.4	20
1,606.7		Federal Hospitals	2,214.5	1,572.3	642.2	21
6,452.3		Prosthetic & Orthotic Devices	6,881.5	6,123.5	758.0	22
12,200.0		Healthy Communities Development	7,021.5	5,712.5	1,309.0	23
2,700.0		Nursing Recruitment and Retention Initiatives	2,413.5	1,570.7	842.8	24
213.0		Other	221.3	187.4	33.9	
	21-4C	Medical				
518,225.8		Physician Services	521,611.2	496,265.7	25,345.5	25
10,911.0		Other Professionals	11,848.1	15,791.7	(3,943.6)	26
16,446.4		Out of Province Physicians	17,499.1	17,290.4	208.7	
9,574.5		Other	4,509.0	4,691.3	(182.3)	
(7,048.0)		Third Party Recoveries	(2,901.7)	(2,803.1)	(98.6)	
(9,840.6)		Reciprocal Recoveries	(9,179.0)	(8,983.9)	(195.1)	
136,658.7	21-4D	Pharmacare	160,812.0	136,782.6	24,029.4	27

Manitoba Health

Expenditure Summary

for fiscal year ended March 31, 2003

Estimate 2002/03 $(000s)		Appropriation	Actual (1) 2002/03 $(000s)	Actual (2) 2001/02 $(000s)	Increase (Decrease) $(000s)	Expl. No.
2,579,837.3		**Total Appropriation 21-4**	**2,611,079.1**	**2,483,270.3**	**127,808.8**	
11,741.6	(3) 21-5	Addictions Foundation of Manitoba	11,741.6	11,511.6	230.0	
11,741.6		**Total Appropriation 21-5**	**11,741.6**	**11,511.6**	**230.0**	
	21-6	Capital Grants				
		-A Acute Care				
35,145.4		-1 Principal Repayments	33,452.5	28,223.0	5,229.5	28
29,937.0		-2 Equipment Purchases and Replacements	27,579.5	13,584.5	13,995.0	29
8,251.7		-3 Other	1,557.7	9,529.6	(7,971.9)	30
		-B Long Term Care				
16,761.3		-1 Principal Repayments	16,558.2	15,117.6	1,440.6	
1,847.2		-2 Equipment Purchases and Replacements	1,362.0	1,295.6	66.4	
1,958.0		-3 Other	1,656.3	2,005.8	(349.5)	31
		-C Community and Mental Health Services				
1,432.5		-1 Principal Repayments	898.7	913.0	(14.3)	
312.5		-3 Other	0.0	0.0	0.0	

Manitoba Health

Expenditure Summary

for fiscal year ended March 31, 2003

Estimate 2002/03 $(000s)		Appropriation	Actual (1) 2002/03 $(000s)	Actual (2) 2001/02 $(000s)	Increase (Decrease) $(000s)	Expl. No.
		-D Provincial Programs				
27.6		-1 Principal Repayments	27.6	27.6	0.0	
95,673.2		**Total Appropriation 21-6**	**83,092.5**	**70,696.7**	**12,395.8**	
	21-7	Amortization and Other Costs Related to Capital Assets				
1,322.1		-A Desktop Services	1,313.4	2,352.0	(1,038.6)	32
1,170.1		-B Amortization Expense	1,090.9	0.0	1,090.9	
696.9		-C Interest Expense	578.7	512.7	66.0	
3,189.1		**Total Appropriation 21-7**	**2,983.0**	**2,864.7**	**118.3**	
$ 2,793,684.9		**Total Appropriation 21**	**$ 2,809,749.2**	**$ 2,667,741.1**	**$ 142,008.1**	

Footnote:

(1) Actuals for 2002/03 are based on year-end expenditure analysis report dated July 14, 2003.

(2) Prior year's comparative figures have been reorganized where necessary to conform with the presentation adopted for the fiscal year ending March 31, 2003.

(3) Details of the Addictions Foundation of Manitoba expenditures are reported in a separate Annual Report.

(4) Includes funds voted in Enabling Vote of $24,504.7. ($19,300.0 was allocated to Sub-approriation 21-6 Capital Grants for medical equipment; $5,200.0 to Sub-appropriation 21-4B Provincial Health Services for the Primary Health Care Transition Fund; and $4.7 to Sub-appropriation 21-3H Health Programs.

Manitoba Health
Expenditure Summary
Variance Explanation – Actuals March 31, 2003 vs. March 31, 2002

1. *The increase is mainly due to higher advertising Program Promotion and Postal Services expenditures as well as other miscellaneous over-expenditures.*

2. *The decrease is mainly due to DPIN Network and Maintenance costs charged to Information Systems in 2002/03, offset by an increase in professional services, Advertising Program Promotion and Postal Services due to payment for Health Guide and Pharmacare application mailings.*

3. *The increase is mainly due to DPIN Network and Maintenance costs being charged to Information Systems in 2002/03, reduced by ISM processing charges due to the delay in Arbitration Awards in 2002/03.*

4. *The decrease is due to lower costs for Advertising/Program Promotion*

5. *There is an increase in Professional and other fees due to volume increase of appeal board hearings and costs for professional services.*

6. *The increase is due to higher professional service costs.*

7. *The decrease is mainly due to decreased severance and vacation pay as a result of the retirement of an employee in 2001/02.*

8. *The decrease is due to operating costs being charged to Sub-appropriation 21-3B-2, Regional Support Services.*

9. *The increase is due to miscellaneous operating over-expenditures.*

10. *The decrease is primarily due to Amortization cost paid in 2001/02 now charged to central Amortization; Provincial Fleet Radio charged to this area in 2001/02, and lower utilization of Professional Services Contract than in 2001/02.*

11. *This decrease is due to the expenses for Biologics, Influenza, Hepatitis, and Vaccine/Drugs Administration were charged to the Vaccine Sub-appropriation (21-3F-1(c)); a section of the Air/Water Program was transferred to Conservation in 2002/03; and there were fewer professional service contracts utilized in 2002/03.*

12. *The increase is the result of expenses for Biologics, Influenza, Hepatitis, Vaccine/Drug Administration Professional Services were charged to this Sub-Appropriation; Public Health Grants recorded in this Sub-Appropriation rather than in 21-3F-1(c), and an increase in price and volume of vaccines.*

13. *The decrease is mainly due to Public Health Grants being recorded in Sub-Appropriation 21-3F-1(c).*

14. *The increase is the result of over-expenditure related to West Nile virus activities.*

15. *There was an increase in the utilization of the Northern Nursing Stations' Professional Services Contract as well as Rental Charges for the Northern Nursing Station residence were implemented in 2002/03. These costs were offset by a reduction in the Advertising/Program Promotion and Media charges.*

16. *The increase is primarily due to Wage Settlements included in the 2002/03 RHA Funding; new funding approved in the 2002/03 Estimates and prior year recoveries of payables recognized as Revenue.*

17. *The increase is mainly due to new funding approved in the 2002/03 Estimates as well as the reversal of prior year accrual.*

18. *The increase is mainly due to higher out-patient cases and higher average in-patient rate per day offset by the fewer in-patient days and lower average out-patient rate per case than the prior year.*

19. *The decrease in expenditures is primarily due to fewer in-patient days, lower costs for non-reciprocal out-patients, and decreased costs for special benefits, transportation and foreign exchange.*

20. *The increase in expenditures is mainly the result of volume of patient directed services performed on behalf of the Winnipeg Regional Health Authority as well as a volume increase in expenditures for red blood cell usage.*

21. *The increase in expenditures is as a result of hospital and nursing stations submitting late claims from prior years.*

22. *The increase in expenditures is a result of a 3.7% volume increase primarily in orthotics and an 8.7% price increase, primarily for prosthetics.*

23. *The increase is primarily related to expenditures for the Primary Health Care Transition Fund.*

24. *The increase is primarily related to expenditures for the Quality of Working Life Task Force Projects.*

25. *The increase is mainly attributed to rate increases for physicians and volume increases.*

26. *The decrease in expenditures is primarily due to volume decreases.*

27. *The increase is mainly due to a higher average price per prescription due to change in utilization (product mix), together with volume increases.*

28. *Increased expenditures relate to debt servicing for new projects as well as Payment of a Sinking Fund shortfall in 2003.*

29. *The increase in expenditures is mainly due to year-over-year increase in Medical Equipment Fund purchases.*

30. *Decreased expenditures are due to increased borrowings which resulted in a reduced requirement for cash reimbursements.*

31. *Decreased expenditures are due to increased borrowings which resulted in a reduced requirement for cash reimbursements.*

32. *The decrease is primarily related to year-over-year decrease in amortization of desktop hardware.*

Manitoba Health

Revenue Summary by Source

for fiscal year ended March 31, 2003

Actual 2001/02	Actual 2002/03	Increase (Decrease)	Source	Actual 2002/03	Estimate 2002/03	Variance	Expl. No.
			Current Operating Programs				
		-	1. Government of Canada:				
4,964.7	4,964.7	-	a) Employment Assistance Persons with Disabilities	4,964.7	4,964.7	-	
683.7	707.1	23.4	b) Alcohol, Drug, Treatment and Rehabilitation Program	707.1	694.0	13.1	
$ 5,648.4	**$ 5,671.8**	**$ 23.4**	**Sub-Total**	**$ 5,671.8**	**$ 5,658.7**	13.1	
			2. Other Revenue:				
3,525.5	3,522.1	(3.4)	a) Sundry	3,522.1	2,888.0	634.1	1
$ 9,173.9	**$ 9,193.9**	**$ 20.0**	**Total Revenue**	**$ 9,193.9**	**$ 8,546.7**	647.2	

Explanatory Notes:

1. *Increase is due mainly to Federal projects higher than anticipated at Cadham Lab; together with revenues collected for Nunuvet patients in Selkirk Mental Health Centre; and to volume increase in revenue for the Lifeflight Air Ambulance over the previous year.*

Manitoba Health

Five Year Expenditure and Staffing Summary by Appropriation ($000)

for years ending March 31, 1999 to March 31, 2003 [1]

Appropriation	1998/99 FTE	1998/99 $	1999/00 FTE	1999/00 $	2000/01 FTE	2000/01 $	2001/02 FTE	2001/02 $	2002/03 FTE	2002/03 $
21-1 Administration and Finance	123.29	7,505.8	117.29	7,702.0	117.29	7,835.2	117.29	7,730.7	117.29	7,785.3
21-2 Program Support Services	300.13	22,013.0	304.13	24,854.3	303.13	27,121.3	306.13	27,075.1	306.13	27,948.6
21-3 External Programs & Operations	686.32	58,641.0	688.32	59,330.1	674.27	62,291.6	674.27	64,592.0	675.77	65,119.1
21-4 Health Services Insurance Fund		1,889,525.7		2,104,699.8		2,317,848.6		2,483,270.3		2,611,079.1
21-5 Addictions Foundation of Manitoba		9,662.8		10,367.8		10,848.0		11,511.6		11,741.6 [6]
21-6 Capital Grants		61,734.5		63,997.0		72,059.8		70,696.7		83,092.5
21-7 Amortization of Capital Assets		90.3		1,274.6 [2]		2,106.8 [4]		2,864.7 [5]		2,983.0
21-8 Health Information Network				26,397.4 [3]						
Total Departmental Expenditures	1,109.74	2,049,173.1	1,109.74	2,298,623.0	1,094.69	2,500,111.3	1,097.69	2,667,741.1	1,099.19	2,809,749.2

Explanatory Notes:

(1) Prior year's comparative figures have been restated, where necessary to conform with the presentation adopted for the fiscal year ending March 31, 2003.
(2) Six months amortization of Desktop and SAP.
(3) Smart Health was written-off in 1999/00.
(4) Full year amortization of Desktop and SAP.
(5) Six months amortization of Information Technology Capital Projects to be completed in 2001/02.
(6) Addictions Foundation of Manitoba expenditures are reported in a separate Annual Report.

Manitoba Health Services Insurance Plan

Five-Year Expenditure Summary

for years ending March 31, 1998 - March 31, 2003 [1]

Program	1998/99 $000	1999/00 $000	2000/01 $000	2001/02 $000	2002/03 $000
Facilities & Health Authorities	1,233,174	1,582,366	1,725,354	1,815,051	1,909,337
Medical [2]	405,535	444,535	487,678	522,252	543,386
Provincial Programs [3]	61,610	66,601	80,278	78,343	80,637
Pharmacare	70,830	85,664	108,927	136,783	160,812
Manitoba Health Board	27	-	-	-	-
Total	**1,771,176** [4]	**2,179,166** [5]	**2,402,237**	**2,552,429**	**2,694,172**

Explanatory Notes:

(1) Prior year's comparative figures have been restated where necessary, to conform with the presentation adopted for the fiscal year ending March 31, 2003.

(2) Includes medical fee-for-service, salary, sessional, private laboratory and x-ray facilities, Oral, Dental, and Periodontal Surgery, as well as Chiropractic and Optometric.

(3) Included in Provincial Programs are Out of Province facilities, Blood Transfusion Services, Federal Hospitals and Nursing Stations, Prosthetic & Orthotic Devices, Healthy Communities Development, and Nursing Recruitment and Retention Initiatives.

(4) This includes $12,400,000 for the National Hepatitis C extraordinary assistance package and $8,500,000 for the settlement with the Manitoba Medical Association, neither of which are included in the Manitoba Health Services Insurance Plan audited Financial Statements as of March 31, 1999.

(5) This includes $6,790,000 for additional Health Authority deficits which were not included in the Manitoba Health Services Insurance Plan audited Financial Statements as of March 31, 2000.

Regional Health Authorities and Other Facilities:
Net Manitoba Health Payments - 2001/02 and 2002/03

Regional Health Authority	Net Manitoba Health Payments ($) 2001/02	2002/03
Assiniboine Regional Health Authority		
Acute Care Services - Operating	38,378,103	40,486,112
Long Term Care Services - Operating	27,783,860	29,266,737
Emergency Response & Transportation Services	1,684,596	1,693,824
Medical	9,537,811	9,824,616
Home Care	9,218,400	10,092,549
Community and Mental Health	3,945,486	3,554,956
Acute Care Services - Capital	1,356,613	1,458,916
Long Term Care Services - Capital	1,481,664	1,475,616
Community - Capital	-	343,968
Total Assiniboine Regional Health Authority	**$93,386,533**	**$98,197,294**
Note: the amalgamation of Marquette and South Westman RHAs proceeded with the establishment of Assiniboine RHA effective July 1, 2002.		
Prior year's comparative figures have been restated where necessary, to conform with the presentation adopted for the fiscal year ending March 31, 2003.		
Brandon Regional Health Authority		
Acute Care Services - Operating	70,148,150	76,953,855
Long Term Care Services - Operating	13,819,813	20,044,080
Emergency Response & Transportation Services	201,912	202,896
Medical	5,430,503	5,815,560
Home Care	4,079,710	4,480,176
Community and Mental Health	11,461,221	11,677,848
Acute Care Services - Capital	2,400,194	4,100,325
Long Term Care Services - Capital	525,816	590,616
Community - Capital	-	-
Total Brandon Regional Health Authority	**$108,067,319**	**$123,865,356**
Burntwood Regional Health Authority		
Acute Care Services - Operating	19,841,815	21,674,772
Long Term Care Services - Operating	-	60,480
Emergency Response & Transportation Services	2,809,512	3,888,360
Medical	10,131,602	10,846,608
Home Care	1,085,235	1,117,776
Community and Mental Health	4,297,344	4,126,176
Acute Care Services - Capital	896,276	1,326,735
Long Term Care Services - Capital	-	-
Community - Capital	-	-
Total Burntwood Regional Health Authority	**39,061,784**	**43,040,907**

Regional Health Authorities and Other Facilities:
Net Manitoba Health Payments - 2001/02 and 2002/03

Regional Health Authority	Net Manitoba Health Payments ($) 2001/02	2002/03
Central Regional Health Authority		
Acute Care Services - Operating	45,970,876	49,639,364
Long Term Care Services - Operating	26,162,639	28,736,784
Emergency Response & Transportation Services	1,887,109	1,972,752
Medical	8,372,902	8,722,128
Home Care	11,084,903	13,953,288
Community and Mental Health	9,735,250	8,224,604
Acute Care Services - Capital	3,482,142	2,734,605
Long Term Care Services - Capital	1,129,985	1,094,977
Community - Capital	-	-
Total Central Regional Health Authority	**107,825,806**	**115,078,502**
Churchill Regional Health Authority		
Acute Care Services - Operating	4,497,697	5,288,044
Long Term Care Services - Operating	-	-
Emergency Response & Transportation Services	583,632	908,736
Medical	308,520	308,520
Home Care	31,008	51,024
Community and Mental Health	841,964	834,024
Acute Care Services - Capital	197,491	287,616
Long Term Care Services - Capital	-	-
Community - Capital	-	-
Total Churchill Regional Health Authority	**6,460,312**	**7,677,964**
Interlake Regional Health Authority		
Acute Care Services - Operating	22,033,717	24,903,589
Long Term Care Services - Operating	12,074,571	18,882,024
Emergency Response & Transportation Services	920,874	1,136,880
Medical	3,746,683	4,270,272
Home Care	10,906,843	10,013,832
Community and Mental Health	6,587,497	6,842,928
Acute Care Services - Capital	1,594,804	1,206,791
Long Term Care Services - Capital	601,741	673,224
Community - Capital	-	63,072
Total Interlake Regional Health Authority	**58,466,730**	**67,992,612**

Regional Health Authorities and Other Facilities:
Net Manitoba Health Payments - 2001/02 and 2002/03

Regional Health Authority	Net Manitoba Health Payments ($) 2001/02	2002/03
Norman Regional Health Authority		
Acute Care Services - Operating	19,111,494	20,713,888
Long Term Care Services - Operating	5,480,524	5,866,988
Emergency Response & Transportation Services	2,627,462	3,071,496
Medical	4,867,481	6,092,424
Home Care	3,263,252	3,173,832
Community and Mental Health	4,232,905	4,407,412
Acute Care Services - Capital	779,309	841,532
Long Term Care Services - Capital	793,392	819,528
Community - Capital	-	-
Total Norman Regional Health Authority	**41,155,819**	**44,987,100**
North Eastman Regional Health Authority		
Acute Care Services - Operating	9,628,825	10,624,060
Long Term Care Services - Operating	7,488,316	8,241,984
Emergency Response & Transportation Services	1,154,992	930,144
Medical	2,665,584	2,794,488
Home Care	4,432,342	5,005,992
Community and Mental Health	2,944,052	2,071,776
Acute Care Services - Capital	802,671	771,685
Long Term Care Services - Capital	663,096	744,648
Community - Capital	-	213,744
Total North Eastman Regional Health Authority	**29,779,878**	**31,398,521**
Parkland Regional Health Authority		
Acute Care Services - Operating	32,719,039	35,990,139
Long Term Care Services - Operating	18,366,111	18,914,040
Emergency Response & Transportation Services	751,727	751,728
Medical	2,941,796	3,182,928
Home Care	8,679,835	8,581,416
Community and Mental Health	7,826,213	7,337,856
Acute Care Services - Capital	1,818,001	2,105,355
Long Term Care Services - Capital	403,236	358,896
Community - Capital	-	-
Total Parkland Regional Health Authority	**73,505,958**	**77,222,358**

Regional Health Authorities and Other Facilities:
Net Manitoba Health Payments - 2001/02 and 2002/03

Regional Health Authority	Net Manitoba Health Payments ($) 2001/02	2002/03	
South Eastman Regional Health Authority			
Acute Care Services - Operating	13,880,533	16,221,466	
Long Term Care Services - Operating	10,082,958	12,614,712	
Emergency Response & Transportation Services	528,143	599,160	
Medical	2,929,234	3,108,984	
Home Care	7,291,251	8,820,288	
Community and Mental Health	3,602,845	3,031,032	
Acute Care Services - Capital	849,822	557,854	
Long Term Care Services - Capital	451,774	1,254,435	
Community - Capital	-	185,736	
Total South Eastman Regional Health Authority	**39,616,560**	**46,393,667**	
Winnipeg Regional Health Authority			
Acute Care Services - Operating	770,196,979	802,724,155	
Long Term Care Services - Operating	161,201,332	239,916,072	(1)
Emergency Response & Transportation Services	5,025,264	5,165,568	
Medical	81,719,255	84,855,072	
Home Care	112,387,007	119,313,824	
Community and Mental Health	41,366,449	45,207,240	
Acute Care Services - Capital	26,365,259	38,369,402	
Long Term Care Services - Capital	11,066,793	11,548,220	
Community - Capital	-	92,160	
Total Winnipeg Regional Health Authority	**1,209,328,338**	**1,347,191,713**	

Note:

(1) *During 2002-03, funding for the Proprietary Personal Care Homes was transferred to the Winnipeg Regional Health Authority.*

Regional Health Authorities and Other Facilities:
Net Manitoba Health Payments - 2001/02 and 2002/03

Regional Health Authority	Net Manitoba Health Payments ($) 2001/02	2002/03
Winnipeg [1]		
Beacon Hill Lodges Inc. P.C.H.	5,501,111	8,460 [2]
Central Park Lodge P.C.H., Edmonton Street	8,650,894	-
Central Park Lodge P.C.H., Poseidon Bay	6,484,933	-
Central Park Lodge P.C.H., Brandon	2,601,378	-
Charleswood Care Centre P.C.H.	4,571,995	-
Fort Garry Care Centre P.C.H.	1,922,450	-
Golden Door Geriatric Centre P.C.H.	2,352,435	-
Heritage Lodge P.C.H.	2,566,482	-
Hillcrest Place	2,975,021	-
Kildonan P.C.H.	4,280,186	-
Maples P.C.H. Limited	6,469,389	-
Oakview Place P.C.H.	6,809,336	-
Red River Place	3,367,360	-
River East P.C.H.	4,196,443	-
St. Adolphe Nursing Centre	1,332,341	-
St. Norbert P.C.H.	2,717,681	11,900 [2]
Tudor House	2,339,936	-
Tuxedo Villa P.C.H.	5,547,617	-
Vista Park Lodge P.C.H.	3,061,385	-
Total Winnipeg	**77,748,373**	**20,360**

Note:

(1) *During 2002-03, funding for the Proprietary Personal Care Homes was transferred to the Winnipeg Regional Health Authority.*

(2) *Completion of year-end settlements.*

Other		
Canadian Blood Agency	37,907,223	37,403,856
Centre de Santé St. Boniface	1,438,824	1,566,843
Community Therapy Services Inc.	59,305	59,304
Department of Clinical Health Psychology U of MB	270,840	270,840
CancerCare Manitoba	38,910,434	47,716,465
Out-of-Province	25,425,818	17,952,354
Pinaow Wachi	149,088	149,088
St. Amant Centre	572,277	325,392
University Medical Group	1,811,304	1,811,304
University of Manitoba-Northern Medical Unit	6,258,576	6,258,576
Total Other	**112,803,689**	**113,514,022**

Regional Health Authorities and Other Facilities:
Net Manitoba Health Payments - 2001/02 and 2002/03

Regional Health Authority	Net Manitoba Health Payments ($) 2001/02	2002/03
Federal Hospitals/Nursing Stations		
Hodgson-Percy E. Moore, Hospital	700,582	970,757
Norway House, Hospital	684,285	1,002,775
Berens River, N.S.	1,936	-
Bloodvein, N.S.	3,993	6,861
Brochet, N.S.	4,836	8,928
Cross Lake, N.S.	30,577	52,115
Garden Hill, N.S.	-	41,624
God's Lake, N.S.	12,463	24,321
Lac Brochet, N.S.	4,464	12,276
Little Grand Rapids, N.S.	-	14,632
Nelson House, N.S.	18,228	58,900
Oxford House, N.S.	7,493	18,504
Poplar River, N.S.	2,852	6,076
Pukatawagan, N.S.	-	25,160
Red Sucker Lake, N.S.	2,852	5,580
Shamatawa, N.S.	10,900	25,036
South Indian Lake, N.S.	1,488	9,052
Split Lake, N.S.	16,232	34,596
Ste. Theresa, N.S.	18,150	27,933
Wasagamack, N.S.	5,687	10,164
Total Federal Hospitals/Nursing Stations	**1,527,018**	**2,355,290**
All Facilities and Regional Health Authorities	**1,998,734,117**	**2,118,935,664**

Financial Report Summary Information Part 2

Manitoba Health Services Insurance Plan
Reconciliation Statement
April 1, 2002 - March 31, 2003

DETAILS	2002/03 ESTIMATES
2002/03 Main Estimates:	
Funding to Health Authorities	1,823,077.4
Provincial Health Services	76,632.1
Medical	538,269.1
Pharmacare	136,658.7
Capital Grants	76,373.2
Allocation of Funds From:	
Enabling Appropriations*	24,500.0
2002/03 Estimate:	**2,675,510.5**

** Of the total amount voted in Enabling Vote, $19,300.0 was allocated for medical equipment and $5,200.0 was allocated for Primary Health Care Transition Fund; actual requirements were $17,503.9.*

For the year ended March 31, 2003, the cost of insured health services was financed primarily through grants from the Provincial Consolidated Fund. As in the previous year, federal contributions pursuant to the provisions of the Canada Health and Social Transfer, were not received by the Health Services Insurance Fund but were deposited directly into the Consolidated Fund of the Province of Manitoba.

The Provincial Consolidated Fund provided a grant in the amount of $2,651,010.5 for planned expenditures. Actual funding provided through the Enabling Vote was $16,456.8 for medical equipment and $1,047.1 for the Primary Health Care Transition Fund. During the year, Supplementary Funding of $64,396.8 was approved, bringing the total grant to $2,732,911.2. Actual expenditures were $2,694,172.0, which resulted in $38,739.2 being transferred back to the Provincial Consolidated Fund.

Office of the Auditor General

500 - 330 Portage Avenue
Winnipeg, Manitoba
CANADA R3C 0C4

AUDITORS' REPORT

To the Legislative Assembly of Manitoba
To the Minister of Health

We have audited the balance sheet of the Manitoba Health Services Insurance Plan as at March 31, 2003 and the statement of revenue and expenses and net assets for the year then ended. These financial statements are the responsibility of the management of the Department of Health. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the assets, liabilities and net assets of the Manitoba Health Services Insurance Plan as at March 31, 2003 and the revenue and expenses and cash flows for the year then ended in accordance with the accounting policies described in note 2. These financial statements reflect the Plan's health program expenses for insured services and the funding provided for these programs from the Department of Health appropriations for the Health Services Insurance Fund and Capital Grants.

Office of The Auditor General

Office of the Auditor General

Winnipeg, Manitoba
July 18, 2002

MANAGEMENT REPORT

Management of Manitoba Health is responsible to the Minister of Health for the integrity and objectivity of the financial statements and schedules of the Manitoba Health Services Insurance Plan. The financial statements for the year ended March 31, 2003 have been prepared in accordance with accounting principles consistent with prior years. Included in this year's financial statement is the Schedule of Payments pursuant to the provisions of The Public Sector Compensation Disclosure Act.

Manitoba Health maintains a system of internal control designed to provide management with reasonable assurance that confidential data and other assets are safeguarded and that reliable operating and financial records are maintained. This system includes written policies and procedures, an internal audit program and an organization structure which provides for appropriate delegation of authority and segregation of responsibilities. Staff of the Office of the Auditor General review internal controls and report their findings annually to management and to the Minister of Health.

The Office of the Auditor General is responsible to express an independent, professional opinion on whether the financial statements are fairly stated in accordance with the accounting policies stated in the financial statements. The Auditor's Report outlines the scope of the audit examination and provides the audit opinion.

Management has reviewed and approved these financial statements. To assist in meeting its responsibility, an audit committee meets to review audit, financial reporting and related matters.

On behalf of the management,

Milton Sussman
Deputy Minister of Health

Heather Reichert
Chief Financial Officer

Winnipeg, Manitoba
July 18,2003

Manitoba Health Services Insurance Plan

Balance Sheet

As At March 31, 2003

ASSETS

	2003	2002
	(thousands of dollars)	
Cash	$ 23,807	$ 23,365
Funds on deposit with the Province of Manitoba	103,400	102,756
Accounts receivable:		
Province of Manitoba	--	26
Other Provinces and Territories	10,042	12,693
Other	2,812	4,630
	12,854	17,349
Receivable from the Province of Manitoba (Note 3)	204,100	181,000
Funds held in trust re debenture trust agreements (Note 6)	53,862	50,329
	$398,023	**$374,799**

LIABILITIES AND NET ASSETS

	2003	2002
	(thousands of dollars)	
Accounts payable and accrued liabilities:		
Health Authorities and Facilities	$ 60,538	$ 73,552
Medical services claims	49,089	37,536
Pharmacare claims	12,478	8,158
General	17,156	16,398
	139,261	135,644
Provision for long term disability benefits (Note 10)	--	7,026
Vacation pay and post-employment benefits (Note 3)	204,100	181,000
Holdbacks relating to debenture trust agreements (Note 6)	53,862	50,329
Net assets	800	800
	$398,023	**$374,799**

See accompanying notes to financial statements.

Manitoba Health Services Insurance Plan

Statement of Revenue and Expenditure, and Net Assets

For the Year Ended March 31, 2003

	2003	2002
	(thousands of dollars)	
Revenue:		
Grants from the Province of Manitoba	$2,694,172	$2,552,429
Third party recoveries	8,575	7,673
Miscellaneous	118	69
Total revenue		2,560,171
Expenses:		
Health Authorities and Facilities (Note 5 and 7)	1,915,128	1,819,990
Medical (Notes 5, 7 and 8)	546,288	525,055
Provincial programs	80,637	78,343
Pharmacare	160,812	136,783
Total expenses	2,702,865	2,560,171
Revenue over expenses	--	--
Net assets beginning of year	800	800
Net assets end of year	$ 800	$ 800

See accompanying notes to financial statements.

Manitoba Heath Services Insurance Plan

Notes to the Financial Statements

For the Year ending March 31, 2003

Note 1 - Nature of Operations

The Manitoba Health Services Insurance Plan operates under the authority of the Health Services Insurance Act. The mandate of the Plan is to provide health related insurance for Manitobans by funding the costs of qualified hospital, medical, personal care and other health services. The Plan's financial operations are administered outside of the Provincial Consolidated Fund.

Note 2 - Significant Accounting Policies

The financial statements have been prepared in accordance with Canadian generally accepted accounting principles, except for the following.

Vacation Pay and Post-Employment Benefits Liability

As explained in Note 3 the change in the liability has not been recorded as an expense and the change in the receivable has not been recorded as revenue for each of the years ended March 31, 2003 and 2002. The change in the liability and the change in the receivable for the year ended March 31, 2005 will be recorded, for the first time, in the statement of revenue and expenses for the year ended March 31, 2005.

Note 3 - Change in Accounting Policy Related To Vacation Pay and Post-Employment Benefits Liability and Recovery

Under current funding arrangements with health authorities and health facilities, the Manitoba Health Services Insurance Plan does not fund the annual vacation leave earned by employees of health authorities and health care facilities until the year vacations are taken. As well, the Plan does not fund post-employment benefits earned by employees of the health authorities and health care facilities until those post-employment benefits are paid.

In years prior to 2003, the Plan did not record, in the financial statements, the related liability to the health authorities and devolved and non-devolved health care facilities and did not record the related receivable from the Province of Manitoba. For the year ended March 31, 2003, the Plan has commenced recording, in the financial statements, the liability and the receivable associated with the accrued vacation pay liabilities and post-employment benefit liabilities of the health authorities and the devolved and non-devolved health care facilities as at March 31, 2003 and retroactively as at March 31, 2002.

The change in the liability has not been recorded as an expense and the change in the receivable has not been recorded as revenue for each of the years ended March 31, 2003 and 2002.The change in the liability and the change in the receivable for the year ended March 31, 2005 will be recorded, for the first time, in the statement of revenue and expenses for the year ended March 31, 2005.

The effect of this change in accounting policy is to increase assets by $204,100,000 (2002-$181,000,000) and to increase liabilities by $204,100,000 (2002-$181,000,000), There is no effect on revenue (2002-no effect) and no effect on expenses (2002-no effect).

Note 4 – Administrative and Operating Expenses

The financial statements do not include administrative salaries and operating expenses related to the Plan. These are included in the operating expenses of Manitoba Health.

Note 5 - Interprovincial Reciprocal Recoveries

Under interprovincial reciprocal agreements Canadian residents can obtain necessary hospital and medical services while away from their home provinces or territories. Claims for services are subsequently recovered between provincial governments. In order to reflect the cost of insured services to Manitobans, the recoveries attributable to services for non-Manitoba residents are netted against program expenditures.

For the year ended March 31, 2003 the expense for Health Authorities and Facilities within the Province, of $1,915,128,000 (2002 - $1,819,990,000) is net of reciprocal recoveries of $28,855,000 (2002 - $26,637,000). The expense for Medical program of $546,288,000 (2002 - $525,055,000) is net of reciprocal recoveries of $9,179,000 (2002 - $8,984,000).

Note 6 - Funds Held in Trust re Debenture Trust Agreements

	2003	2002
	(thousands of dollars)	
Government of the Province of Manitoba	$35,952	$32,419
Government of the Province of B.C. – Bonds	17,910	17,910
	$53,862	$50,329

These funds are used for debt servicing related to debentures.

Note 7 - Regional Health Authorities

The following table summarizes payments to the Health Authorities. These payments are included in the financial statements in the expense categories of Health Authorities and Facilities and Medical.

Regional Health Authority	2003 Facilities (000's)	2003 Medical (000's)	2003 Total (000's)	2002 Total (000's)
Winnipeg	$1,262,337	$84,855	$1,347,192	$1,209,328
Brandon	118,050	5,816	123,866	108,067
North Eastman	28,604	2,795	31,399	29,780
South Eastman	43,285	3,109	46,394	39,616
Interlake	63,723	4,270	67,993	58,467
Central	106,357	8,722	115,079	107,826
Assiniboine	88,373	9,825	98,198	93,386
Parkland	74,039	3,183	77,222	73,506
Norman	38,895	6,092	44,987	41,156
Burntwood	32,194	10,847	43,041	39,062
Churchill	7,369	309	7,678	6,460
Total payments	$1,863,226	$139,823	$2,003,049	$1,806,654

Note 7 - Regional Health Authorities *(continued)*

The expense category, Health Authorities and Facilities, in the Statement of Revenue and Expenses and Net assets is comprised of the following:

	2003 (000's)	2002 (000's)
Payments to Health Authorities	$1,863,226	$1,674,003
Accruals and payments to facilities and third parties	80,757	172,624
Reciprocal recoveries	(28,855)	(26,637)
Total expenditures	$1,915,128	$1,819,990

The expense category, Medical, in the Statement of Revenue and Expenses and Net assets is comprised of the following:

	2003 (000's)	2002 (000's)
Fee for Service Medical payments and accruals	$394,617	$376,612
Payments to Health Authorities	139,823	132,651
Other (Note 8)	11,848	15,792
Total expenses	$546,288	$525,055

Note 8 - Medical

Included in medical expenses are the following other health service expenditures:

	2003	2002
	(thousands of dollars)	
Optometric	$ 4,460	$ 4,469
Chiropractic	7,388	11,323
	$11,848	$15,792

Note 9 - Capital Financing

Hospitals and personal care homes obtain financing for capital projects by issuing debentures, or arranging for mortgages or long-term bank loans. The Hospital Capital Financing Authority approves the issue of all securities and assists in obtaining an orderly market for the sale of securities to finance these capital expenditures. This indebtedness is not reflected in these financial statements and is not guaranteed by the Manitoba Health Services Insurance Plan. Funds for the payment of principal and interest related to approved capital debt are included in the Plan's expenditures.

At March 31, 2003, the approved outstanding capital debt of hospitals and personal care homes was $640,355,000 (2002 - $615,121,000) net of accumulated sinking funds of $108,321,000 (2002 - $101,338,000. The approved outstanding capital debt includes $445,513,000 (2002- $391,916,000) borrowed directly from the Province of Manitoba. In addition to the approved outstanding capital debt, lines of credit up to $67,893,000 (2002 - $72,521,000) have been established to finance capital projects in process. On completion of these projects, the borrowings will be converted to long-term debt of the facilities.

Note 9 - Capital Financing *(continued)*

Funds for the payment of principal and interest related to approved capital debt are included in the Plan's expenditures. For the year ended March 31, 2003, the amount related to principal and interest payments included in the expenses for Health Authorities and Facilities was $102,220,000 (2002 - $96,750,000).

Note 10 - Provision for Long Term Disability Benefits

Provision for long-term disability benefits represents the Manitoba Health Services Insurance Plan's share of the estimated future benefits payments of the Manitoba Health Organization Inc. Long Term Disability Insurance Plan for employees of health care facilities covered under the plan.

This amount was established actuarially, as at December 31, 1999, by the insurer of the plan. The amount represents Manitoba Health's share of the estimated cost of future payments to participants, who were on the plan as of March 31, 1999, and continue to receive payments at March 31, 2002. This plan was replaced as of April 1, 1999. When recipients no longer require benefits, they are removed from the plan.

Effective April 1, 1999 a new method of funding long term disability benefits was implemented whereby the Regional Health Authorities are funded 1% of total salaries to cover the costs of the plan. All new claimants subsequent to April 1, 1999 are the responsibility of the Regional Health Authorities and the Healthcare Employees Benefits Plan (HEBP). The costs associated with the funding of this plan are included in the expenditure category of Health Authorities and Facilities.

As of May 28, 2002, Manitoba Health Services Insurance Plan transferred the full amount of the provision for long term disability benefits for the pre April 1, 1999 recipients of benefits to the Health Care Employee Benefits Plan. Manitoba Health Services Insurance Plan no longer has any responsibility for the administration and funding of the provision for long term disability benefits for the pre April 1, 1999 recipients of benefits.

Note 11 - The Public Sector Compensation Disclosure Act

The Schedule of Payments pursuant to the provisions of The Public Sector Compensation Disclosure Act is included as part of the Annual Report of Manitoba Health.

Note 12 – Legal Actions

The nature of the Plan's activities is such that there may be litigation pending or in progress at any time. With respect to claims at March 31, 2003, no provision has been made in the financial statements as the final outcome of the claims is not determinable at this time.

Note 13 - Statement of Cash Flows

These financial statements do not include a Statement of Cash Flows. In the opinion of management, the Statement of Cash Flows does not provide additional disclosure.

Note 14 - Comparative Figures

Certain of the 2002 financial statement figures have been restated to be consistent with the 2003 presentation.

Office of the Auditor General

500 - 330 Portage Avenue
Winnipeg, Manitoba
CANADA R3C 0C4

AUDITORS' REPORT
Schedule of Public Sector Compensation Disclosure

To the Legislative Assembly of Manitoba
To the Minister of Health

We have audited the Schedule of Payments of the Manitoba Health Services Insurance Plan for the year ended March 31, 2003 prepared in accordance with The Public Sector Compensation Disclosure Act. This financial information is the responsibility of the management of the Department of Health. Our responsibility is to express an opinion on this financial information based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial information is free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial information. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall presentation of the financial information.

In our opinion, this schedule presents fairly, in all material respects, compensation of The Manitoba Health Services Insurance Plan for the year ended March 31, 2003 in accordance with the provisions of The Public Sector Compensation Disclosure Act.

Office of the Auditor General

Office of the Auditor General

Winnipeg, Manitoba
July 18, 2003

Manitoba Health Services Insurance Plan

The Public Sector Compensation Disclosure Act

Schedule of Payments for Fiscal Year Ended March 31, 2003

This Schedule of Payments is published in compliance with the provisions of "The Public Sector Compensation Disclosure Act".

The Act requires the publication of the name of every person who has received gross payments of $50,000 or more in the fiscal year for providing services to insured persons under The Health Services Insurance Act, and the amount paid to each.

Payments are reported under the name of the practitioner who provided the services, except for special arrangements when services provided by a group of practitioners are billed in the name of a single practitioner for administrative efficiencies. This type of billing arrangement is in place for radiology, laboratory and dialysis services in particular. As a result, some of the amounts shown have not been generated solely by the practitioner whose name is shown.

Persons reading this data should understand that:

- *The data provides only a record of gross payments made by Manitoba Health to the practitioner.*
- *A practitioner's net income may vary from the gross payments shown as costs of operating a practice must be paid from these gross payments.*
- *As total revenues and costs of practice vary significantly between specialty groups and between individual practitioners, net income can also vary significantly.*

Abdul-Nour K	$152,449	Alto L E	$352,976	Ashton M	$58,903
Abdulrehman A S	$225,170	Alvi A	$360,961	Assuras G N	$318,649
Abell M E	$57,517	Amarasekera D V	$207,032	Athaide M	$185,969
Abell N	$142,011	Amede K H	$205,652	Atkinson R	$202,833
Abell W R	$114,958	Amin S M	$267,297	Attallah G	$115,287
Aboobaker S	$167,058	Anastasiades L	$108,532	Atwal J	$175,440
Adam C J E	$76,638	Anderson A	$109,601	Azevedo J E	$136,588
Adduri V R	$311,303	Anderson B	$87,900	Babick T R	$237,664
Adhikari P K	$54,291	Anderson B R	$257,110	Badenhorst F	$202,931
Ahluwalia R S	$308,577	Anderson D M	$124,483	Badenhorst J	$302,447
Ahmad S N	$176,431	Angel A	$64,607	Badenhorst L	$59,283
Ahsan A	$157,120	Anhalt H C	$390,079	Baidwan S K	$103,757
Ahweng A	$463,127	Antonenko N	$133,799	Baillie C	$262,277
Ainley A	$69,486	Antonissen L A S	$296,767	Baker C	$262,236
Albak R E	$226,04	Anyadike I O	$289,177	Baker R C	$51,356
Albi F	$247,55	Aoki F Y	$68,032	Balachandra B	$167,324
Aldor T A M	$82,609	Armstrong B	$313,113	Balageorge D	$321,228
Alevizos I	$70,649	Arneja A S	$334,257	Balcha B	$56,510
Ali K R	$344,312	Arneja J	$358,994	Balko G	$179,206
Ali M B	$467,452	Arnot J B	$199,252	Banmann D S	$155,916
Allan D R	$325,305	Arnott P C	$207,268	Barber L	$269,586
Allegro N	$129,007	Ashcroft R P	$125,875	Barc J	$162,958
Aliman G N	$169,389	Ashique A	$58,266	Bard R J	$193,507

Explanatory Notes:

(1) *Director of a laboratory facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page **118** for list of facilities).*

(2) *Director of a radiology facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page **119** for list of facilities).*

(3) *Billings for Dialysis services representing the work of more than one physician. (See page **120** for list of facilities).*

(4) *Director of a nuclear medicine facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page **120** for list of facilities).*

Manitoba Health Services Insurance Plan

The Public Sector Compensation Disclosure Act

Schedule of Payments for Fiscal Year Ended March 31, 2003 ***(Continued)***

Baria K	$249,736	Bilos R J	$65,814	Braun E	$185,814
Barker J L	$137,186	Birk P	$52,166	Braun J	$156,827
Barker M F	$338,954	Birt D	$349,663	Braun K Y	$90,591
Barker S L	$132,483	Bissonnette A	$232,723	Breckman D K	$255,503
Barnard C E	$139,011	Black D R	$307,980	Breckman G	$103,351
Barnes E B	$61,924	Black G B	$245,560	Bretecher G	$364,952
Barnes W R	$52,630	Blakley B W	$156,474	Bright R C	$189,818
Baron C M	$179,544	Blank A	$154,622	Bristow G K	$86,678
Baron K	$237,513	Blight W J	$58,514	Broda R J	$202,155
Bartlett L C	$154,062	Blom C	$107,747	Brodovsky D M	$80,739
Basson H J	$132,302	Blouw M C	$57,364	Brodovsky S	$459,056
Bates R R	$61,215	Blouw R H	$203,451	Brooker G [2]	$198,402
Bay T	$177,262	Blyth S	$227,153	Brown R	$242,487
Baydock B	$61,303	Bobby B	$82,783	Brown R E	$262,630
Beazley G G	$64,392	Bock G	$69,804	Brownell L	$203,459
Bebchuk W	$70,678	Boguski G	$62,942	Bruneau M R	$183,833
Becker A	$153,258	Bohemier J	$62,484	Bshouty Z	$70,213
Beckstead J E	$106,005	Bohemier R	$69,873	Buchel C	$56,305
Bedder P	$230,440	Bohm E R	$57,455	Buchik G M	$85,648
Bedi B	$238,479	Bohonos B	$54,260	Bueddefeld H D	$197,853
Beldavs R A	$911,270	Bolton D R	$235,998	Buksak L A	$95,243
Bell D D	$91,924	Bookatz B J	$228,016	Bulloch R B	$82,937
Bellan L	$428,836	Booth F	$64,023	Bullock P K	$95,002
Bellan S	$75,713	Booy H	$218,413	Burke M E	$197,081
Benning H S	$248,728	Borley J	$81,015	Burnet N	$248,217
Benoit A	$256,441	Boroditsky R S	$280,322	Burnett M	$347,832
Bereznay O	$274,550	Borrett G F	$125,330	Burnett Mariri	$67,235
Bergen J	$215,444	Botha A	$109,990	Burtch D	$62,249
Bergman E	$136,924	Botha D	$327,248	Butler N	$166,371
Bergner H	$230,634	Bothma J	$278,596	Calderon-Grande	$161,392
Bermack B A	$281,284	Boult I F [2]	$2,193,842	Calhoun L L	$113,444
Bernier M	$524,124	Bourdon N	$54,508	Cameron A I	$121,899
Bernstein C	$190,351	Bourque C N	$283,937	Cameron M R	$287,014
Bernstein K [3]	$1,075,988	Boustcha E	$103,892	Campbell B	$113,209
Berrow P J	$154,369	Bow E	$57,164	Campbell G	$222,543
Bertsch A	$220,596	Bowman M N	$75,706	Caners D	$301,327
Bhanot P	$77,211	Boyd K L	$136,902	Caners T	$57,945
Bhayana R	$210,101	Bracken J	$227,429	Cannon J E	$212,292
Bhayana R K	$234,946	Bracken J H	$207,418	Caplan A H	$258,253
Biala B	$209,238	Bradley B D	$229,270	Caplan D C	$174,704
Biehl D	$178,560	Brandes L J	$94,749	Cappellani R	$204,497
Billinkoff E	$211,875	Brandt L	$56,004	Carpenter N	$215,142

Explanatory Notes:

(1) *Director of a laboratory facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 118 for list of facilities).*

(2) *Director of a radiology facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 119 for list of facilities).*

(3) *Billings for Dialysis services representing the work of more than one physician. (See page 120 for list of facilities).*

(4) *Director of a nuclear medicine facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 120 for list of facilities).*

Manitoba Health Services Insurance Plan

The Public Sector Compensation Disclosure Act

Schedule of Payments for Fiscal Year Ended March 31, 2003 ***(Continued)***

Carson J B	$213,144
Cartagena R	$270,484
Carter R	$265,011
Casey A R	$122,455
Caswell B	$88,744
Caulley E	$253,397
Cavallo D	$170,818
Champagne D	$78,803
Chan E K Y	$93,201
Chan E L	$206,044
Chan J J	$278,948
Chan K A	$425,511
Chan P	$110,170
Chan T	$215,890
Chang S W (1)	$360,917
Chapman S D	$302,615
Chapnick C	$117,833
Chatel N L	$132,490
Chenier D	$54,822
Chenier P	$63,569
Chernick M	$108,135
Chernish G	$53,608
Cheung L K	$403,909
Chimilar J D	$76,652
Chin D	$717,660
Chlysta T S	$236,838
Cho P A	$259,400
Chochinov A	$60,864
Chochinov P H	$164,833
Chodirker B N	$115,553
Choptiany R B W	$169,332
Choptiany T I	$273,779
Chow C	$310,613
Chubaty R A	$248,286
Chudley A E	$76,613
Chung L	$373,652
Clark M A	$119,075
Clark S G	$186,194
Clark S M	$118,436
Clarke W E	$111,689
Clayden G	$320,697
Cleghorn G M (2)	$359,846
Cleghorn S	$485,194
Coates K R	$283,095
Cochrane D	$53,439
Coetzee M	$54,254
Cohen M	$244,245
Cohen M A	$104,600
Cohn A	$53,290
Collins C	$100,059
Collison L M	$149,269
Collison S	$88,749
Collister C W	$297,039
Connor D	$377,562
Connor D H	$86,978
Connor G T	$135,682
Consunji-Aranet	$73,148
Corbett R P	$65,744
Corder D	$272,887
Cordova J L	$126,706
Corne R A	$98,991
Corne S I	$229,879
Corner F D	$101,511
Coueslan G W (2)	$751,613
Cowan D J	$307,479
Coyle S J	$182,991
Craig D	$189,103
Cram D H	$419,346
Craton N	$63,448
Crawford D	$176,687
Cristante L	$107,108
Cronin R J	$69,072
Cross H G	$63,596
Cross R	$225,537
Crow F M	$74,154
Cumming G	$61,440
Cummings M	$230,138
Cummins T J	$79,386
Cyr-Hornick A	$178,173
Czaplinski J	$136,263
Czaplinski K	$281,875
Czarnecka M	$159,627
Czarnecki W	$336,397
Da Silva H	$59,218
Da Silva L M	$219,123
Dabrowska W	$93,889
Dabrowski P	$381,144
Daeninck P J	$62,107
Dakshinamurti S	$235,952
Dalling G N	$135,902
Dang T H	$244,034
Daniels J H	$178,630
Daniels V	$142,327
Danzinger R G	$80,585
Dashefsky S M	$345,036
Davey M	$247,073
Davey R J	$264,512
David M F	$308,259
Davidson J M	$373,803
Davis M H	$317,890
Davloor R	$217,751
De Groot W	$53,438
De Koromapay V	$353,351
De Moissac P	$158,164
De Rocquigny A J	$380,194
De Wet R R	$181,296
De Wit C F	$174,863
De Wit S L	$376,633
Dean H	$58,463
Debrouwere R	$317,758
Decter D	$378,000
Dekker J J	$189,779
Delaive M	$236,452
Demsas H	$199,542
Deonarine L	$260,951
Deong P J	$209,261
Desmarais G P	$85,439
Desmond G H	$226,286
Deutscher R	$266,422
Dhalla S S	$889,372
Dhanjal P	$161,185
Diamond H	$126,908
Dias E M	$177,976
Dionne C	$249,466
Dissanayake D	$187,762
Dittberner K	$117,775

Explanatory Notes:

(1) *Director of a laboratory facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 118 for list of facilities).*

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Manitoba Health Services Insurance Plan

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Schedule of Payments for Fiscal Year Ended March 31, 2003 ***(Continued)***

Divekar A A	$76,254	Duke P C	$187,486	Falconer T	$54,549
Dizon A M	$130,733	Duncan S J	$205,574	Fast H	$156,654
Doak G J	$179,506	Dupont J O [4]	$666,793	Fast M D	$481,246
Doermer E	$251,052	Duprat C	$82,430	Feasey D	$72,367
Doerr J J	$228,547	Duval R	$123,099	Feierstein M	$150,111
Dolynchuk K	$208,500	Dyck D R [2]	$434,449	Ferguson D A	$63,111
Dominique F	$302,173	Dyck G H	$414,156	Fine A [3]	$1,330,348
Domke H	$241,647	Eaglesham H [2]	$352,708	Fishman L	$288,329
Domke O	$177,555	Ebbeling-Treon L	$154,127	Fitzgerald M	$189,464
Domke S	$193,003	Egan M M	$135,768	Fitzsimon J	$98,665
Donnelly J P	$149,488	Eggertson D	$238,680	Fleisher M	$83,900
Dornn B	$62,926	Ekins M B	$197,658	Fleisher W P	$61,858
Doroshenko S	$53,558	Eleff M K	$146,131	Fleming F L	$117,781
Doucet P M	$185,429	El-Gabalawy H S	$68,623	Fletcher C W	$215,625
Doucette K E	$82,870	Elkin J	$229,414	Foerster D R	$140,050
Downs A C	$257,240	Elkin M	$101,102	Fogel R B	$94,365
Doyle E	$96,587	Elkin M S	$244,365	Fong H	$523,503
Doyle J	$249,724	Elliott J	$131,158	Fontigny N	$203,115
Drachenberg D	$119,036	Elliott T C	$79,455	Forgie S E D	$54,197
Dressler G	$66,290	Elves E	$365,942	Fouad W	$93,818
Drew E	$58,921	Embil J M A	$258,220	Fourie C F	$84,986
Drexler J	$249,660	Emery C	$202,055	Fourie H	$67,934
Dreyer C	$63,075	Eng S	$191,014	Fournier M R	$77,966
Dreyer F	$197,689	Engel C	$231,754	Fox J D	$171,462
Drobot G R	$147,700	Engel J S	$378,608	Frame H	$180,044
Du Plessis N	$242,983	Engelbrecht J	$151,205	Fraser M B	$196,738
Du Plooy J	$261,742	Engelbrecht S	$204,402	Fraser V H	$147,332
Du Toit L L	$106,820	Enns J P	$363,087	Fraser-Roberts D	$77,060
Dubberley J	$122,295	Enns M W	$77,382	Frechette C	$75,677
Dubo H I	$192,804	Erhard P	$268,912	Frederick D	$53,599
Dubyna D	$341,271	Eschun G M	$89,147	Fredette P	$149,171
Ducas D A	$85,768	Esfahani F	$102,011	Freedman J	$238,069
Ducas J	$392,834	Esmail A	$377,423	Friesen F R	$309,647
Ducheck D L	$57,488	Esquivel A	$203,956	Friesen J	$309,490
Dueck D	$127,663	Esser C M	$53,697	Friesen J A	$63,189
Duerksen C	$236,822	Ethans K D	$59,953	Friesen K L	$135,916
Duerksen D	$303,378	Ethans T	$109,711	Friesen R M	$225,044
Duerksen K	$61,212	Evans D R	$70,246	Froese W	$327,860
Duerksen M T	$219,302	Evans M J	$68,523	Frohlich A	$285,485
Duff B D	$111,391	Ewert F J	$255,868	Fuchs G R	$263,931
Duffy G	$214,755	Fair S E	$127,207	Fung H	$174,829
Duggal K C	$293,688	Falconer C W	$167,577	Furuiye H	$70,302

Explanatory Notes:

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(2) *Director of a radiology facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 119 for list of facilities).*

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Manitoba Health Services Insurance Plan

The Public Sector Compensation Disclosure Act

Schedule of Payments for Fiscal Year Ended March 31, 2003 ***(Continued)***

Fuzeta G	$160,173	Goytan M J	$433,620	Hammond G W	$77,038
Gabriel M	$186,304	Grabe W A	$127,788	Hampton C S	$121,476
Galbraith P A [1]	$1,856,492	Grabowski J	$250,096	Hancock B J	$220,361
Galessiere P F	$446,916	Grace K J	$176,278	Hanks G A	$57,753
Gall R M	$266,642	Graham B	$60,230	Hanley J	$143,477
Gallagher K	$133,676	Graham C R	$260,931	Hanlon-Dearman A	$147,858
Garba S	$322,704	Graham K	$157,239	Hanmiah R	$146,457
Garber L	$314,242	Graham M R	$167,102	Hansen J G	$147,841
Garber P J	$136,754	Graham R	$72,114	Harding G K M	$123,886
Gard M A	$175,891	Grant L	$149,601	Hardy B	$262,088
Gauthier S W	$54,950	Graves D F	$111,464	Haresha A	$114,769
Geddes J S	$116,416	Gray M G	$261,022	Harley M J	$195,226
Gerber J D W	$195,150	Gray R	$170,884	Harms S	$259,646
Gerstner T	$235,773	Grech E D	$399,641	Harrington J	$143,618
Gertenstein R	$278,603	Greenberg H	$122,143	Harris P	$568,865
Giannouli E	$99,431	Grenier D	$55,748	Harrison W D	$159,990
Giesbrecht D R	$258,962	Grierson R	$52,918	Harsanyi I	$262,089
Giesbrecht J E	$146,387	Griffin P	$235,210	Hartley D M	$229,602
Gill E	$182,566	Griggs G	$265,021	Haseeb S	$68,581
Gillespie B	$607,210	Grimes R B	$122,480	Hassan W F	$60,908
Gillespie J	$187,956	Grobler W P	$185,282	Hawaleshka A	$300,870
Girard J	$287,216	Groenewald L	$120,108	Hayakawa J	$156,762
Glacken R P	$228,858	Groves L	$209,010	Hayakawa T	$349,417
Glenn D M	$89,307	Gudmundson C	$229,511	Haydey R P	$409,355
Glew W B	$64,325	Guijon F B	$229,237	Hayward R J	$396,346
Glezerson G	$473,729	Gupta C K	$350,176	Hechtenthal N	$175,962
Globerman D	$132,689	Gupta D K	$716,547	Hedden D R	$376,480
Gobeil J J G	$101,993	Gustafson R	$91,769	Hedden J R	$145,394
Godlewski W	$437,275	Guzman R	$387,320	Heese H	$89,657
Goerz P G	$110,836	Gwozdecki T	$276,660	Heidenreich W	$154,367
Goldberg N	$267,976	Ha F T	$210,542	Helewa M E	$437,009
Goldenberg D	$369,024	Haggard G G	$126,380	Henderson L	$93,817
Gomori A J	$181,564	Hahlweg K	$65,648	Henning J W	$155,626
Goodman A E	$71,935	Hai M A	$269,153	Henry S F	$156,340
Gooi T H	$386,019	Haiart D C	$317,737	Herbst J H	$195,388
Gooi T L	$714,059	Haligowski D	$188,703	Herd A	$103,855
Goossen M	$363,319	Hall A D	$111,184	Herman G	$50,202
Gordon J	$333,811	Hall P F	$105,902	Hershberg D M	$156,396
Gordon W L	$148,056	Hallatt D	$120,478	Hershfield E	$182,751
Gorski B A	$518,368	Hamedani R	$268,876	Heywood M	$387,267
Gould L F	$255,853	Hameed K A	$273,617	Hiebert T	$70,244
Govender P	$240,490	Hamm R C	$72,973	Hildahl C	$186,722

Explanatory Notes:

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(2) *Director of a radiology facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 119 for list of facilities).*

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Manitoba Health Services Insurance Plan

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Schedule of Payments for Fiscal Year Ended March 31, 2003 ***(Continued)***

Hildahl W	$79,221	Intrater H	$254,433	Kandasamy G	$95,887
Hilderman L	$109,844	Ip A	$236,871	Kania J	$154,714
Hildes R	$60,857	Irving J E	$322,136	Kanji R	$161,094
Hitchon C	$108,046	Isaac C	$158,327	Kantor D	$155,670
Hobson D E	$299,555	Isaacs R L	$175,916	Kaprowy R (2)	$200,259
Hoeppner W T	$214,391	Jacob M V	$60,537	Karlicki F	$343,476
Hoeschen L	$128,722	Jacob V C	$685,765	Karpinski M	$86,498
Hoff H R	$112,221	Jaeger C	$84,198	Karvelas J P	$212,968
Holder F	$238,483	Jain M	$453,357	Karvelas L M	$50,823
Holland-Muter E	$134,346	Jain N K	$60,184	Kashin R S	$50,418
Holmes C	$101,771	Jain S	$80,234	Kashour T S	$337,081
Holroyd D	$50,137	James J M	$326,354	Kasper K D	$152,338
Holt S C	$183,902	Janzen L	$77,350	Kati A A	$163,227
Homik L	$566,276	Jason M	$295,049	Katz L	$166,595
Honiball J J	$73,629	Jebamani S	$148,436	Katz P	$149,683
Hooper W M	$332,140	Jeffery J R	$65,944	Kaufman B J	$72,804
Hoosen J J	$58,083	Jenkinson D	$52,069	Kaufman R	$136,007
Horne D	$238,861	Jensen B	$63,663	Kaushal R D	$208,102
Hosegood G	$73,073	Jensen C W B	$65,068	Kayler D E	$479,594
Hosking D	$397,071	Jensen W L	$150,703	Keddy-Grant J	$141,649
Houston D S	$61,483	Jeyakumar A	$265,547	Kehler T	$75,434
Howden W A	$279,035	Johannesson T	$111,869	Kelleher B	$211,544
Hoy C S	$94,460	Johnson C	$252,547	Kellen P	$162,333
Hrabarchuk B	$257,387	Johnson D	$352,750	Kellen R I	$459,657
Hudson R J	$262,173	Johnson E	$334,505	Kemkaran K	$175,335
Huebert D M	$419,319	Johnson H	$111,999	Kepron W	$141,435
Huebert H T	$207,416	Johnson M	$354,382	Kerr L	$77,770
Hughes P M	$178,174	Johnston J	$71,085	Kerr P D	$305,324
Hugo E P	$77,910	Johnston J B	$124,498	Khan A	$138,403
Humphreys K	$133,655	Jolly K S	$364,276	Khan A H	$219,263
Hurst L D	$255,974	Joshi D A	$117,974	Khan N A	$98,525
Husarewycz S	$295,211	Joshi J N	$310,347	Khan N M	$289,035
Hussain M I	$530,849	Joundi M G	$271,952	Khan T A	$195,792
Hutfluss G	$320,028	Jovel R E	$149,898	Khandelwal A S	$231,095
Ibbitt C J	$187,852	Jowett A	$245,473	Kimelman A L	$97,379
Ilchyna D C	$177,112	Kabani A M	$110,959	Kindle G F (2)	$204,693
Iliffe G D	$205,763	Kaethler W	$223,168	King T D	$57,312
Ilnyckyj A	$112,203	Kahanovitch D	$154,408	Kinnear D	$227,630
Ilse W K	$224,257	Kahlon K	$73,244	Kinsner J M	$131,816
Ingimundson J C	$158,896	Kaita K D E	$169,759	Kippen R N	$253,163
Inglis D	$288,306	Kalansky G	$195,777	Kish S L	$157,969
Ingram P F	$157,038	Kalicinsky C	$198,374	Kisil D	$57,200

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The Public Sector Compensation Disclosure Act

Schedule of Payments for Fiscal Year Ended March 31, 2003 ***(Continued)***

Kjernisted K	$126,714	Kroeker L R [2]	$330,803	Lecuyer N S	$80,533
Klaponski S	$85,115	Kroeker M A	$1,875,589	Lee B D	$68,606
Klassen D H	$192,527	Kroft C D L	$90,561	Lee F F W	$337,798
Klassen N F	$251,805	Krongold I [2]	$993,855	Lee G Q	$182,531
Klassen O	$132,671	Kruk R D	$165,401	Lee H B	$341,268
Kliewer K	$183,543	Kryger M	$124,052	Lee S	$504,346
Klippenstein N	$390,390	Krzyzaniak K	$170,914	Lee V K	$396,888
Kloppers S	$455,578	Kucheravy M	$61,637	Lee-Kwen J	$389,198
Klym K	$241,205	Kucparic P	$207,031	Leen D A	$291,539
Klym K L	$75,882	Kuegle P F X	$208,013	Lee-Wing M	$325,786
Kobrinsky N	$51,369	Kumar A	$237,510	Lefevre G R	$212,248
Koczanski R	$136,614	Kwon M	$127,181	Lei B T C	$258,514
Koensgen S	$81,740	Kyeremateng D	$99,318	Leicht R	$726,922
Koh C	$107,423	Labella L	$98,139	Lemoine G G	$242,593
Kohanek F L	$56,603	Lage K L	$119,988	Lemon P W	$298,544
Kolt A M	$100,773	Lagowski M	$265,325	Lerner N	$224,313
Komenda B W	$207,388	Lala R	$103,882	Leslie H	$51,035
Komosky J	$152,512	Lam C C	$124,785	Letts K	$60,447
Kong A M C	$206,070	Lam D S C	$108,243	Leung Shing L P	$188,960
Koodoo S R	$119,040	Lamb J A	$67,036	Leung Wai M	$134,292
Korol G	$411,476	Lamba K S	$56,109	Levi C S	$441,137
Kotecha Y	$287,302	Lambrechts H	$203,397	Levin B L	$282,631
Koulack J	$418,793	Lander D A	$75,689	Levin H	$220,542
Kousonsavath R	$141,585	Lander M	$84,172	Levy B A	$81,220
Koven S	$146,154	Lane E S	$198,495	Levy S B	$171,111
Kovnats S	$56,005	Lang C	$301,305	Lezack J D	$307,879
Kowalchuk I J	$264,391	Langan J T	$275,387	Li W	$125,916
Kowalski S	$194,520	Langridge J	$129,282	Lieberman D	$214,584
Kozman H	$364,215	Large G	$178,194	Lim D S T	$82,752
Krahn C	$206,837	Larue L B	$167,183	Lim F	$435,463
Krahn J	$283,592	Latosinsky S	$164,089	Lim P	$124,108
Krahn M	$91,663	Lau Y	$250,941	Lindenschmidt R	$260,055
Kraitberg N J	$145,780	Laurencelle R	$62,856	Lindquist L [2]	$406,540
Kramer M	$110,190	Lautatzis M [2]	$304,300	Lindsay D	$58,005
Kraut A	$50,300	Lautenschlager E	$68,346	Lindsay D J	$218,403
Kredentser J	$153,886	Lawrence E T	$234,603	Lindsay G M	$222,090
Kredentser S	$165,720	Lawrence P	$367,266	Lint D W	$68,151
Kremer S	$87,843	Lazar M H	$251,034	Lipinski G	$252,377
Kreml J	$226,348	Le Boldus L A	$225,058	Lipnowski S	$442,370
Krepart G	$263,474	Le Roux B J	$475,332	Lipschitz J	$426,194
Kristjanson M	$103,640	Le Roux C	$189,601	Lipson A H	$158,536
Kroczak T J	$298,632	Lebedin W W	$287,260	Littleford J	$223,304

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Manitoba Health Services Insurance Plan

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Schedule of Payments for Fiscal Year Ended March 31, 2003 ***(Continued)***

Lloyd R L	$266,203	MacDougall B	$131,015	Martin A G	$55,595
Loader K	$201,668	MacDougall E	$108,586	Martin D	$64,608
Lockman L	$393,605	MacDougall G	$272,451	Marx T	$244,626
Lockwood A	$84,778	MacEachern N	$267,885	Matas M	$138,360
Lodewyks G A F	$85,516	Macek R K W	$121,493	Mathen M K	$643,752
Loepp C	$113,595	MacFarlane C	$192,403	Mathieson A	$233,310
Loewen S R	$53,262	Macintosh E	$251,262	Mathison T L	$142,596
Lofgren S R	$107,139	Mackalski B	$268,889	Matsubara T K	$267,906
Logan A C	$375,526	Mackay M J	$67,266	Matthew T	$323,119
Loge J M	$60,361	Mackay M J	$77,367	Maxin R	$52,054
Loiselle J A	$210,272	Mackenzie G S	$211,250	Maxwell B	$52,678
Long A L	$741,338	Mackenzie S	$80,792	Maxwell I	$217,545
Longstaffe A E	$250,653	Macklem A K	$284,255	Mayba I I	$222,831
Longstaffe S	$141,411	MacLeod B A	$177,252	Mayba J I	$388,953
Lonsdale S	$50,429	Macmahon R	$252,460	Maycher B	$132,239
Lorteau G	$70,365	MacMillan M B	$255,140	McCammon R J	$135,972
Lotocki R J	$369,139	Macrodimitris A	$174,023	McCarthy G	$564,172
Loudon M	$182,177	Maguire D	$405,919	McCarthy T	$391,227
Louridas G	$380,849	Maharaj C	$166,421	McClarty B	$156,680
Lovatsis D	$97,368	Maharaj G R	$192,959	McConnell M	$268,227
Love H W	$81,722	Maharaj I G	$281,972	McCullough D W	$102,711
Lowden C S	$254,677	Mahay R K	$378,505	McDowell J D	$245,563
Lowther G H	$80,979	Maia E	$119,431	McFadden L R	$148,998
Lu P B	$146,377	Maier J C	$225,562	McGinn G	$509,457
Lucash S E	$150,106	Maier R J	$125,121	McGowan A	$97,314
Lucman L L [1]	$1,454,766	Major P [2]	$605,479	McIntyre I L	$223,678
Lucman T S	$187,528	Maksymiuk A	$111,723	McKenzie T	$257,485
Lucy S	$263,047	Malabanan E	$303,933	McKiernan B	$300,970
Ludwig L	$148,512	Mallick B	$103,109	McNeill A M	$185,671
Ludwig S	$149,323	Mallick K C	$82,603	McPhee J	$107,328
Luitingh U	$158,573	Manishen W J	$217,787	McPherson J A	$210,926
Luk T L	$218,475	Manness R C	$167,127	McQueen J C	$52,060
Lukie B J	$259,214	Manswell C B	$231,919	McTaggart D L	$115,485
Lynch J M	$58,313	Manusow D	$272,961	McTavish G	$249,765
Lyons E A	$443,339	Marais F	$108,100	Medd T M	$52,041
Lysack A M	$341,833	Marantz J	$97,715	Mehta A	$150,451
Lysack D A	$133,843	Mare A C	$272,681	Mehta P G	$269,574
Lyttle D	$138,339	Margolis N	$219,248	Mehta R J	$64,105
Mabin D	$259,804	Marles S L	$54,793	Menard S L	$208,180
MacDiarmid A	$133,923	Marsh D W	$183,118	Menticoglou S	$398,094
MacDonald N	$206,615	Martens B C	$100,352	Menzies R J	$387,724
MacDonald P	$341,736	Martens R	$211,726	Mestdagh B E	$73,218

Explanatory Notes:

(1) *Director of a laboratory facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 118 for list of facilities).*

(2) *Director of a radiology facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 119 for list of facilities).*

(3) *Billings for Dialysis services representing the work of more than one physician. (See page 120 for list of facilities).*

(4) *Director of a nuclear medicine facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 120 for list of facilities).*

Manitoba Health Services Insurance Plan

The Public Sector Compensation Disclosure Act

Schedule of Payments for Fiscal Year Ended March 31, 2003 ***(Continued)***

Mestdagh R	$57,509	Morris A L	$201,516	Nguyen L	$242,918
Metcalfe C	$84,098	Morris G S	$216,923	Nguyen M H	$273,381
Meyrowitz D	$350,552	Morris M	$188,623	Nicolle L	$76,873
Mian M T	$224,539	Morton P G D	$110,872	Nigam R	$226,076
Micflikier A	$1,152,650	Moser M A	$55,988	Nisbett S	$223,330
Mihalcioiu C	$85,760	Mostert J	$53,158	Nkosi J E	$148,732
Milambiling E M	$255,629	Mould S M	$224,307	Noel C	$478,118
Milambiling L C	$153,039	Mowat G	$138,263	Nugent L M	$157,032
Millar T	$80,038	Mowchun L	$82,725	Nyhof H	$275,936
Miller A	$283,991	Mowchun N	$169,078	Nyomba B L	$92,159
Miller D M	$295,016	Muirhead B	$214,460	Ochonska M	$284,666
Mills B J	$221,525	Mulhall D	$55,977	Oelofse W	$269,957
Milner J F	$487,956	Muller D H	$261,254	Oen K G	$62,015
Milner T G [1]	$215,742	Muncner A	$58,991	O'Hagan D B	$263,562
Mina M M F	$154,887	Muncner P	$258,913	O'Keeffe K	$160,581
Minnaar J	$175,088	Mundle S	$58,630	Olson R L	$177,206
Mintz S L	$68,012	Murphy L J	$141,671	Olweny C L	$64,535
Minuk E	$188,778	Murray E	$116,878	Olynyk F	$104,388
Minuk G	$78,259	Murray K	$470,049	Omelan C K	$73,888
Miranda G	$50,516	Muruve G N	$242,470	Omichinski L M	$296,963
Mis A A	$308,527	Mutch W A C	$160,156	Ong B Y	$217,750
Miskiewicz L	$98,800	Myers W E	$410,408	Ong G H	$306,038
Moddemann D	$115,922	Mymin D	$113,834	Onotera R	$190,195
Mohamdee J F	$112,897	Mysore M	$217,760	Onyshko D	$202,900
Mohammed I	$256,200	Mysore S M [1]	$85,250	Oppenheim E	$65,972
Moharib N	$72,303	Nagaria M	$59,275	Ormiston J D	$227,606
Moltzan C	$97,307	Naidoo J [1]	$6,434,574	Orr P	$105,144
Momoh J T	$346,339	Naidoo S P [1]	$3,771,245	Osler F G	$193,531
Moncek J A	$215,983	Nair U K	$324,185	O'Sullivan M	$303,837
Monson R C	$280,458	Narrandes R	$182,432	Out O P	$781,757
Monteiro G	$276,434	Nason R W	$259,327	Pachal C A	$153,927
Montgomery P	$107,766	Naugler S	$215,212	Pacin A	$136,394
Montoedi J	$130,953	Nehra P	$197,600	Pacin O	$227,562
Moolman A	$205,409	Nel A J	$203,976	Padeanu D	$143,600
Mooney W R	$189,290	Nelko S	$78,544	Padua R N	$305,873
Moore R F	$89,828	Nell A M	$310,390	Paetkau D	$213,932
Moorhouse J A	$138,927	Nemeth P	$282,755	Pan A	$201,709
Moraes F X N	$118,005	Nepon J	$261,725	Panaskevich T	$307,299
Moran De Muller K	$429,822	Neufeld H	$102,390	Pang E G	$138,619
Morgan T R	$344,820	Newman F	$188,098	Paprocki I	$89,176
Morier G S	$80,346	Newman S	$54,263	Paquin R W [2]	$807,534
Moroz S P	$72,523	Nguyen K M	$202,461	Parham S M	$287,249

Explanatory Notes:

(1) *Director of a laboratory facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 118 for list of facilities).*

(2) *Director of a radiology facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 119 for list of facilities).*

(3) *Billings for Dialysis services representing the work of more than one physician. (See page 120 for list of facilities).*

(4) *Director of a nuclear medicine facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 120 for list of facilities).*

Manitoba Health Services Insurance Plan

The Public Sector Compensation Disclosure Act

Schedule of Payments for Fiscal Year Ended March 31, 2003 ***(Continued)***

Parker K R	$220,080	Pirzada M A	$105,627	Rehsia D	$671,696
Pascoe E A	$457,432	Plueschow M	$55,836	Reid G	$130,227
Pasterkamp H	$113,027	Podolsky G R	$73,354	Reid G J	$183,617
Patel J	$87,461	Poettcker R	$193,022	Reimer D J	$291,265
Patel L R	$328,756	Polimeni C	$89,371	Reimer D K	$144,209
Patel Praful C	$353,811	Polimeni J	$111,462	Reimer H	$267,023
Patel Pravin C	$390,548	Pollock B	$281,295	Reimer M B	$191,720
Patel R C	$343,415	Poon W W C	$228,055	Reiss Marlene	$55,070
Patel S P	$90,988	Poplak T M	$325,642	Reiss Michelle	$79,942
Patel S V	$178,855	Popoff D	$116,182	Rempel R G	$91,929
Pawlak J	$154,176	Porter D	$50,076	Rennie W R J	$138,214
Peabody D	$127,069	Postuma R	$186,243	Renouf F	$221,245
Peachell J L	$776,497	Potoski J P	$290,534	Reynolds D	$370,154
Pearlman D	$103,597	Prakash D	$277,518	Rice P	$148,844
Pelissier R	$82,040	Prasad B	$173,793	Rich A D	$224,719
Penner S B [3]	$932,664	Prasad C	$51,474	Richardson C	$180,551
Penrose M	$232,238	Preachuk C T	$82,622	Riche B	$400,170
Perkins G	$74,515	Prenovault J	$288,690	Ridley T S	$87,672
Perlov J	$119,814	Pretorius A	$286,529	Ringaert K	$204,185
Permack S	$228,575	Pretorius L	$137,621	Ripstein I	$109,192
Perrett M	$62,591	Price J	$264,080	Ritchie B A	$223,470
Peschken C	$52,110	Prinsloo J	$164,913	Ritchie J	$154,989
Peterdy A E	$285,086	Pritchard P	$52,736	Rittenberg D	$302,751
Peters D	$264,854	Prober M A	$168,918	Rivkin B	$74,273
Peters H O	$152,540	Prodan O	$131,519	Roberts J R	$216,707
Peters R J	$130,207	Psooy K J	$109,102	Robertson G A	$328,982
Peters S M	$99,398	Putnins C	$176,768	Robillard S C	$112,127
Peterson C	$114,508	Puttaert D	$89,853	Robinson C	$183,926
Peterson J	$237,876	Quesada R	$270,785	Robinson David	$164,082
Petkau A	$140,813	Raabe M A	$522,213	Robinson Debbie	$152,826
Petrilli L A	$104,153	Rabson J L R	$815,236	Robinson J	$390,462
Philipp R K	$202,349	Racette T	$102,406	Robinson W	$178,915
Pickard K	$133,624	Rae P E	$92,298	Rocha G	$762,695
Pickering B	$286,383	Rafiq M	$200,433	Roche G	$178,792
Pierce G W [2]	$1,026,193	Rahman M	$184,920	Roe B E	$126,048
Pilat E J	$191,099	Raizen M	$68,930	Rogozinska L	$339,104
Pillay P G	$163,318	Rajani K R	$417,461	Rosenthal P	$114,394
Pillay S	$124,206	Ramgoolam R	$372,620	Ross F J [1]	$229,705
Pinder M	$169,989	Ramsay J A	$103,160	Ross F K	$88,867
Pinniger G	$155,142	Raubenheimer J	$132,597	Ross J F	$520,337
Pinter A	$127,936	Regehr J	$179,263	Rosser S J	$56,923
Pintin-Quezada J	$249,686	Rehal R S	$226,169	Rossouw J	$177,502

Explanatory Notes:

(1) *Director of a laboratory facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 118 for list of facilities).*

(2) *Director of a radiology facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 119 for list of facilities).*

(3) *Billings for Dialysis services representing the work of more than one physician. (See page 120 for list of facilities).*

(4) *Director of a nuclear medicine facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 120 for list of facilities).*

Manitoba Health Services Insurance Plan

The Public Sector Compensation Disclosure Act

Schedule of Payments for Fiscal Year Ended March 31, 2003 ***(Continued)***

Rothova A	$193,079	Scheeres J J	$112,121	Shnider M	$164,408
Roussin B C	$184,929	Schellenberg D	$109,819	Shojania A M	$134,630
Roux J G	$177,390	Schellenberg W C	$286,984	Shuckett P	$333,725
Roy M	$68,399	Schledewitz I L	$54,640	Shum K C	$122,318
Roy M J	$133,561	Schmidt B J	$77,398	Shunmugam R	$404,867
Rubinger M	$76,079	Schneider C	$246,308	Sickert H G	$85,952
Ruddock D L	$268,136	Schoeman A M	$69,060	Sigurdson E	$76,701
Rumbolt B R	$254,304	Schoeman H	$187,281	Sikora F J	$184,501
Rusen J B	$217,723	Schroeder A N	$302,116	Silagy S	$256,433
Rusen S	$72,347	Schur N K	$270,717	Silver N A	$134,648
Rush N O S	$174,246	Schurmann E	$146,347	Silverman R	$242,738
Rusnak B	$225,185	Scurrah J D	$257,487	Silviu-dan F	$201,332
Russell B F	$195,903	Seager M J	$335,216	Simkin R	$135,566
Rust G	$64,989	Segstro R J	$194,575	Simm J F	$161,619
Rust L	$78,984	Seifer R	$85,321	Simmonds C B	$126,215
Rutherford B	$71,436	Seitz A R	$199,526	Simonsen J N	$58,879
Ryall L A	$50,012	Sekundiak T D	$54,121	Simonson D W	$177,738
Ryckman B A	$211,376	Sen R	$196,771	Singer M	$124,612
Saad N	$65,684	Senderewich E	$81,642	Singer R	$145,692
Saadia R	$137,957	Seshia S S	$138,843	Singh A	$252,018
Sabeski L M	$162,124	Sethi K	$101,731	Singh G	$388,401
Sachdeva P [1]	$160,447	Sethi S	$292,119	Singh G B	$466,363
Sachdeva R	$244,245	Sevilla J A	$105,102	Singh J	$140,215
Sadri D	$243,707	Sewell G	$122,536	Singh M	$231,658
Saettler E	$81,457	Sewell S A	$263,958	Sinha M	$375,642
Sahota S S	$167,017	Shah A	$186,590	Sinha S N	$504,472
Salamon E	$378,149	Shah B	$284,372	Skakum K K	$101,076
Saleem H	$68,463	Shaikh N	$94,013	Skakum R	$77,928
Salem F	$345,418	Shane F	$127,329	Skead L	$356,263
Samuels E R	$101,774	Shane M	$270,279	Skoracki R J	$144,494
Sanders R W	$105,852	Sharif M N	$350,878	Sloan G	$177,027
Sandha G	$54,071	Shariff F K	$132,861	Smart J R A	$231,189
Sareen J	$92,754	Sharkey J B	$327,825	Smil E	$190,244
Saunders C G [2]	$1,524,242	Sharma P	$136,847	Smit C R	$254,810
Saunders K	$149,046	Sharma S	$163,025	Smith H W E	$425,192
Savage B	$203,382	Shatsky M [2]	$125,980	Smith R G	$188,221
Sawka A N	$259,131	Shelton L	$107,453	Smith R W	$209,980
Sawyer J A	$249,924	Shelton P A	$130,950	Sochocka E K	$285,013
Scatliff J	$246,217	Sheps M	$218,642	Sokal J E M	$142,517
Schachter M	$105,072	Sheridan J T	$151,728	Soko P	$147,261
Schaeffer D	$65,917	Shiffman F H	$313,633	Sokolowski D	$284,492
Schaub J C	$94,775	Shing M	$66,533	Sommer H M	$133,013

Explanatory Notes:

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Manitoba Health Services Insurance Plan

The Public Sector Compensation Disclosure Act

Schedule of Payments for Fiscal Year Ended March 31, 2003 ***(Continued)***

Soni N R	$171,886	Swenarchuk G	$59,834	Tse W C	$190,180
Soni S	$212,014	Sylwestrowicz W	$286,844	Tsuyuki S H [2]	$375,033
Sowemimo A	$427,025	Symchych M	$74,150	Tulloch H	$175,751
Spanihel J J	$66,171	Syslak W B	$271,029	Turabian M	$268,255
Speer M	$183,265	Szajkowski S	$215,332	Turner D R	$283,834
Srichandra W	$207,383	Tam J W	$74,909	Turner R B	$471,867
St John P D	$97,168	Tan L	$284,456	Ullyot G L E	$211,295
St Vincent A	$176,331	Tang-Wai R	$299,834	Ullyot S	$248,768
Stanko L	$249,219	Tanner J	$229,557	Unruh H W	$312,482
Starzecki B	$199,846	Taraska V	$201,379	Uys T	$113,471
Stearns E	$257,193	Taraska V	$507,735	Vajcner A F	$297,867
Stecher R D	$189,288	Taylor H R	$352,986	Van Aalstyne M	$330,693
Stedman N	$55,373	Taylor M C	$154,364	Van Aameyde K	$140,166
Steigerwald R	$118,071	Taylor M J S [1]	$751,682	Van Dyk J	$204,822
Steinberg F	$64,911	Taylor P D	$54,849	Van Gend R	$164,246
Steinberg R	$116,733	Taylor S N	$320,986	Van Heerden J	$187,984
Stelzer J	$162,624	Tenenbein M	$105,766	Van Horne W A	$224,499
Stenhouse J K	$109,393	Theodore G M	$230,861	Van Jaarsveldt W	$214,310
Stephensen M	$223,118	Therrien D	$96,099	Van Niekerk E	$188,983
Stevens L	$305,586	Thiessen M N	$181,357	Van Niekerk S	$194,640
Steyn E	$111,362	Thille S M	$102,420	Van Rensburg D A	$336,119
Stillwater R B	$183,462	Thompson T	$175,586	Van Rensburg N J	$144,402
Stimpson R	$77,647	Thomson G T D	$133,512	Van Rensburg Nicholas	$51,623
Stitt R L	$55,502	Thomson I R	$255,587	Van Rensburg Nicolaas	$228,267
Stitz M	$124,936	Thorlakson D	$112,629	Van Rensburg P D	$278,959
Stockl F A	$166,074	Thorlakson R H	$71,191	Van Rooyen G	$246,502
Stone J D	$82,000	Thottingal A	$153,529	Van Rooyen M L	$311,229
Storoschuk G	$209,874	Ting D	$138,293	Van Zyl L	$183,550
Suciu V	$142,568	Tober A E	$97,774	Vandenberg W L	$234,831
Sud A K	$465,331	Toews H A	$212,839	Varma A	$360,152
Sullivan M	$106,337	Toews K A	$161,189	Vasconcelos J A	$248,659
Susser M	$147,398	Tole G D	$52,523	Vattheuer F	$122,624
Sutherland D	$233,206	Tomchuk E	$301,955	Venter H L	$165,813
Sutherland E	$191,133	Tomy H	$94,729	Verma M R	$192,951
Sutherland J	$127,756	Tomy P	$230,143	Verrelli M	$97,208
Sutherland S	$241,189	Toofani R	$73,006	Vianzon C	$300,027
Sutter J A	$264,797	Toole J	$346,224	Vickar E L	$219,757
Sutton I R	$256,047	Trainor J M [1]	$5,077,956	Vijay R	$224,711
Svorkdal N	$208,944	Tran C P	$256,476	Violago F	$193,837
Swain V J	$59,254	Trepman E	$100,111	Vipulananthan M	$63,794
Swartz J	$227,663	Tsang D	$488,011	Vipulananthan V	$66,704
Sweetland R	$81,269	Tsang K F M [1]	$165,774	Visch S H R	$107,074

Explanatory Notes:

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Manitoba Health Services Insurance Plan

The Public Sector Compensation Disclosure Act

Schedule of Payments for Fiscal Year Ended March 31, 2003 ***(Continued)***

Visser F	$87,167	Wilson G P	$228,531
Visser G	$245,542	Wilson M [2]	$417,082
Wakeman M S	$76,752	Winogrodzka C	$206,928
Wallace S E	$164,589	Winzoski T	$60,124
Walli J E	$356,446	Wirch M F	$106,489
Wang J	$262,455	Wiseman D G	$187,506
Warda L J	$69,738	Wiseman M C	$247,537
Warraich N	$94,343	Wiseman N	$315,873
Warren C P W	$181,491	Woelk C	$185,474
Warrian R K	$287,380	Wolfe K B	$172,970
Warrian W G	$76,990	Wollner G P	$198,267
Warrington R	$215,504	Wong H	$246,606
Waters W R	$223,220	Wong R P W	$192,183
Watson J D	$130,004	Wong S W C	$411,145
Watson W T A	$176,100	Wong T	$159,230
Watters T	$59,203	Woo C	$251,768
Webb S	$111,684	Woo N	$315,665
Weidman M L	$258,363	Woo V C	$400,800
Weirich M K	$250,607	Woods A K	$209,153
Weizman S	$226,377	Woolf C I	$73,624
Welch G J	$186,400	Wozney L R	$155,364
Werier J	$237,226	Yaffe C	$461,023
Werner N H	$67,259	Yale R	$99,415
White B K	$305,751	Yamamoto K	$292,343
White I W C	$275,356	Yamsuan M	$208,236
White O J	$359,412	Yap H O	$59,900
White S	$64,582	Yaren S	$101,891
White V P	$58,558	Yeung C	$275,761
Whittaker E	$76,055	Yip B	$191,908
Wiebe H L J	$51,452	Young D	$173,208
Wiens A V	$252,252	Young M R	$225,941
Wiens J J	$582,591	Young S K	$98,896
Wiens J L	$523,200	Yuen C K	$326,741
Wiesenthal B D	$150,379	Zacharias G	$244,541
Wiesenthal Z	$200,746	Zacharias J	$52,498
Wightman H R [1]	$3,302,271	Zaki M F	$261,223
Wightman N A	$182,011	Zeiler F	$356,819
Willemse P	$675,706	Zetaruk M	$93,474
Willemse P Q	$220,592	Ziesmann M	$645,932
Williamson D	$82,674	Zimmer K W	$217,015
Willows J R	$162,116	Zloty R B	$57,407
Wilson G J	$103,692	Zurbyk R	$54,253

Explanatory Notes:

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Manitoba Health Services Insurance Plan
The Public Sector Compensation Disclosure Act
Schedule of Payments for Fiscal Year Ended March 31, 2003 ***(Continued)***

Laboratory Directors and Facilities

Chang S W	Winnipeg Clinic
Galbraith P	Manitoba Clinic
Lucman L	Provencher Medical Diagnostic Laboratory
	Winnipeg Clinic
Naidoo J	Central Medical Laboratory
Naidoo S	Southwood Laboratory Unicity Lab Services-McPhillips Street
Ross F J	Park West Medical Centre
Sachdeva P	Hollenburg Associate Medical Group Abbot Clinic 75045 Manitoba Ltd. (Osborne Med)
Schroeder A N	15-2727 Portage Ave
Mysore S M	Abbott Clinic
Taylor M J S and Milner T G	Western Medical Clinic
	The Brandon Clinic
Trainor J M	Medical Arts Building Windsor Park Medical Centre Lakewood Medical Centre
Tsang K F M	Norlyn Lab Service
Wightmann H R	Assiniboine Clinic Lab

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Manitoba Health Services Insurance Plan
The Public Sector Compensation Disclosure Act
Schedule of Payments for Fiscal Year Ended March 31, 2003 ***(Continued)***

Radiology Directors and Facilities

Brooker G	Abbott Clinic
Boult Ian F	Winnipeg Radiology Services - Medical Arts Building
	Winnipeg Radiology Services - Charleswood Clinic
	Winnipeg Radiology Services – Markham Professional Centre
Cleghorn G M	Lakewood Medical Centre
	McGreggor Medical Centre
	Westbrook Medical Centre
Couselan G W	The Brandon Clinic
	Clement Block Xray
Dyck D R	Boundary Trails Health Centre
Eaglesham H	Manitoba Xray Clinic - Elmwood Branch
	Manitoba Xray Clinic – Westwood Portables
Kaprowy R	Drs Kaprowy, Krongold, Ng & Shatsky
Kindle G F	Brandon Hospital Screening Program
Kroeker M A	Manitoba X-Ray Clinic - Dr Hildahl
	Manitoba X-Ray Clinic - Tache Branch
Krongold I	Tache X-Ray Service – Tache Ave
	Norlyn X-Ray Department
	Assiniboine Clinic
	Parkview X-Ray Clinic - Main Street
	Seven Oaks Medical Centre
	St. Vital Radiolgy
Lautatzis M	Boyd X-Ray Clinic
	Legacy X-Ray
	Seven Oaks X-Ray Clinci
Lindquist L	Boyd X-Ray Clinic
	Winnipeg Clinic
Major P	Manitoba Clinic
Paquin R W	Transcona Clinic Xray
	Metro Xray Clinic - Rothesay
Pierce G W	Manitoba Xray Clinic - Westwood Branch
Saunders C G	Diagnostic Services Division
	Manitoba X-Ray Clinic
Shatsky M	Lakewood Medical Centre
Tsuyuki S H	St. Boniface Clinic
Wilson M	Manitoba X-Ray Cinic – Misericordia Care Centre

Explanatory Notes:

(1) *Director of a laboratory facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 118 for list of facilities).*

(2) *Director of a radiology facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 119 for list of facilities).*

(3) *Billings for Dialysis services representing the work of more than one physician. (See page 120 for list of facilities).*

(4) *Director of a nuclear medicine facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 120 for list of facilities).*

Manitoba Health Services Insurance Plan
The Public Sector Compensation Disclosure Act
Schedule of Payments for Fiscal Year Ended March 31, 2003 ***(Continued)***

Dialysis Directors and Facilities

Bernstein K	Health Sciences Centre
Fine A	St. Boniface General Hospital
Penner S B	Brandon General Hospital
Bernstein K and Fine A	**Local Centres**
	Dauphin General Hospital
	Flin Flon General Hospital
	Morden Hospital
	Pine Falls Hospital
	Portage la Prairie Hospital
	The Pas Health Complex
	Thompson General Hospital

Nuclear Medicine Directors and Facilities

Dupont J O	Nuclear Medicine Consultants
	Winnipeg Clinic – Nuclear Medicine

Explanatory Notes:

(1) *Director of a laboratory facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 118 for list of facilities).*

(2) *Director of a radiology facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 119 for list of facilities).*

(3) *Billings for Dialysis services representing the work of more than one physician. (See page 120 for list of facilities).*

(4) *Director of a nuclear medicine facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 120 for list of facilities).*

APPENDIX I:

SUMMARY OF STATUTES RESPONSIBILITY - MINISTER OF HEALTH

THE ADDICTIONS FOUNDATION ACT (A60)

- *Creates the Addictions Foundation of Manitoba and provides for the Foundation to provide necessary services for problems relating to the use or abuse of alcohol and other drugs and substances.*

THE AMBULANCE SERVICES ACT (A65)

- *Regulates ambulance services and ambulance personnel.*

THE ANATOMY ACT (A80)

- *Provides for the appointment of an Inspector of Anatomy and sub-inspectors.*
- *Sets out who is entitled to claim a body.*
- *Regulates what can and cannot be done with bodies that are not claimed.*

THE CANCERCARE MANITOBA ACT (C20)

- *Creates CancerCare Manitoba and provides it with the authority to deliver programs related to the prevention and treatment of cancer.*

THE DENTAL ASSOCIATION ACT (D30)

- *Allows the Manitoba Dental Association to regulate the practice of dentistry in Manitoba.*

THE DENTAL HEALTH WORKERS ACT (D31)

- *Allows dental health workers such as dental hygienists to be registered so that they can provide services under The Dental Health Services Act.*

THE DENTAL HEALTH SERVICES ACT (D33)

- *Allows the Minister of Health to make arrangements to provide preventive and treatment dental services to certain persons designated by the Lieutenant Governor in Council. There is currently no program established under this Act.*

THE DENTURISTS ACT (D35)

- *Authorizes The Denturists Association to regulate denturists in Manitoba.*

THE REGISTERED DIETITIANS ACT (D75)

- *Authorizes the Manitoba Association of Registered Dietitians to regulate registered dietitians.*

THE ELDERLY AND INFIRM PERSONS' HOUSING ACT (E20)

- *(except with respect to elderly persons' housing units as defined in the Act)*
- *Governs the establishment of housing accommodation for the elderly or infirm.*

THE DEPARTMENT OF HEALTH ACT (H20)

- *Provides certain authority for the Minister of Health to appoint senior management and to be an ex-officio member of the board of any health care institution receiving funding from the Department.*
- *Specifies remedies of government in cases where expenses are incurred but not paid by the person incurring the expense and the expense becomes a liability of government.*

THE DISTRICT HEALTH AND SOCIAL SERVICES ACT (H26)

- *Governs the establishment and operation of health and social services districts.*
- *No new health and social services districts have been established since the enactment of The Regional Health Authorities Act.*

THE HEALTH SERVICES ACT (H30)

- *Governs the establishment and operation of hospital districts.*
- *No new hospital districts have been established since the enactment of The Regional Health Authorities Act.*

THE HEALTH SERVICES INSURANCE ACT (H35)

- *Governs the administration of the Manitoba Health Services Insurance Plan in respect of the costs of hospital services, medical services, personal care services and other health services.*

THE HEARING AID ACT (H38)
Provides for a Hearing Aid Board to licence hearing aid dealers and deal with complaints.

THE HOSPITAL ACT (H120)
- *Relates to the operation of hospitals except for private hospitals.*

THE HUMAN TISSUE ACT (H180)
- *Regulates organ and tissue donations in Manitoba.*

THE LICENSED PRACTICAL NURSES ACT (L125) (S.M. 1999, c.37)
- *Authorizes the College of Licensed Practical Nurses of Manitoba to regulate licensed practical nurses.*

THE MEDICAL ACT (M90)
- *Authorizes the College of Physicians and Surgeons of Manitoba to regulate medical practitioners.*

THE MANITOBA MEDICAL ASSOCIATION DUES ACT (M95)
- *Requires the payment of dues by members and non-members of the Manitoba Medical Association.*

THE MENTAL HEALTH ACT (M110)
(S.M. 1998, c. 36) (except Parts 9 and 10 and clauses 125(l) (i) and (j))
- *Governs voluntary and involuntary admission of patients to psychiatric facilities and the treatment of patients in such facilities.*
- *Governs the appointment and powers of Committees for persons who are not mentally competent.*

THE MIDWIFERY ACT (M125)
- *Authorizes the College of Midwives of Manitoba to regulate midwives.*

THE OCCUPATIONAL THERAPISTS ACT (05)
- *Authorizes the Association of Occupational Therapists of Manitoba to regulate occupational therapists.*

THE PERSONAL HEALTH INFORMATION ACT (P33.5)
- *Protects personal health information in the health system in Manitoba.*
- *Establishes a common set of rules governing the collection, use and disclosure of personal health information that emphasize the protection of the information while ensuring that necessary information is available to provide efficient health services.*

THE PHARMACEUTICAL ACT (P60)
- *Authorizes the Manitoba Pharmaceutical Association to regulate pharmacists and pharmacies.*
- *Allows for the establishment and maintenance of a provincial drug formulary.*

THE PHYSIOTHERAPISTS ACT (P65)
- *Authorizes the College of Physiotherapists of Manitoba to regulate physiotherapists.*

THE PODIATRISTS ACT (P93)
- *It defines the practice of podiatry and provides for the regulation of the profession, including:*
  - *the continuation of the Association of Chiropodists as the College of Podiatrists of Manitoba;*
  - *the establishment of a governing council of at least six persons, of whom at least one-third must be public representatives; and*
    - *the registration of podiatrists;*
    - *a complaints and discipline process;*
    - *the making of regulations and by-laws.*

THE PRESCRIPTION DRUGS COST ASSISTANCE ACT (P115)
- *Governs the operation and administration of the provincial drug benefit program.*

THE PRIVATE HOSPITALS ACT (P130)
- *governs the licensing and operation of private hospitals.*
- *There are no private hospitals currently operating in Manitoba.*

THE PROTECTION FOR PERSONS IN CARE ACT (P144)

- *Requires the mandatory reporting of abuse or potential abuse of patients in hospitals or residents in personal care homes except those who are children or who are vulnerable persons in which case different legislation applies.*
- *Allows for the investigation of such reports, the giving of ministerial directions for actions to protect patients or residents and for the prosecution of offences.*
- *Provides protection from employment action and from interruption of service for persons who make a report in good faith under the Act.*

THE PUBLIC HEALTH ACT**(P210)

- *Provides the powers and authority necessary to support public health programs and to allow for proper enforcement of public health regulations.*

***(Excluding the responsibility for Bedding, Upholstered and Stuffed Articles Regulation (Manitoba Regulation 333/88R) under The Public Health Act, which is assigned to the Minister of Finance.)*

THE REGIONAL HEALTH AUTHORITIES ACT (R34)

- *Governs the administration and operation of regional health authorities.*

THE REGISTERED NURSES ACT (R40)

- *Authorizes the College of Registered Nurses of Manitoba to regulate registered nurses.*

THE REGISTERED PSYCHIATRIC NURSES ACT (R45)

- *Authorizes the College of Registered Psychiatric Nurses of Manitoba to regulate registered psychiatric nurses.*

THE REGISTERED RESPIRATORY THERAPISTS ACT (R115)

- *Authorizes the Manitoba Association of Registered Respiratory Therapists to regulate respiratory therapists.*

THE SANATORIUM BOARD OF MANITOBA ACT (S12)

- *Creates The Sanatorium Board of Manitoba for the purpose of enhancing the care and treatment of persons with respiratory disorders and to engage in or promote prevention and research respecting respiratory diseases. The Board may also establish treatment facilities with the approval of the Minister of Health.*

THE NON-SMOKERS HEALTH PROTECTION ACT (S125)

- *Prohibits the sale of tobacco products to children.*
- *Prohibits smoking in enclosed public places under provincial jurisdiction subject to certain exceptions.*

APPENDIX II:

LEGISLATIVE AMENDMENTS IN 2002 – 2003

A number of statutes and regulations were amended or enacted in 2002 - 2003:

STATUTES

The Environment Amendment Act (In force May 23, 2002)

- ✓ *Amended The Environment Act to:*
  - facilitate the measures that may be required in the event of a health emergency caused by mosquitoes capable of transmitting disease.

The Medical Laboratory Technologists Act (Except for Transitional Council Provisions, not yet proclaimed)

- ✓ *Enacted The Medical Laboratory Technologists Act to:*
  - define the practice of medical laboratory technology and provide for the regulation of the profession.
  - It includes provisions for:
    - establishing the College of Medical Laboratory Technologists of Manitoba;
    - establishing a governing council with public representatives;
    - requiring the registration of medical laboratory technologists;
    - creating processes for handling complaints and discipline.

The Hearing Aid Amendment Act (In force July 25, 2002)

- ✓ *Amended The Hearing Aid Act to:*
  - increase the number of ministerial appointees on The Hearing Aid Board from two to four.
  - modernize the language of several provisions in the *Act*.

The Occupational Therapists Act (Not yet proclaimed)

- ✓ *Repealed and replaced The Occupational Therapists Act to:*
  - define the practice of occupational therapy and provide for the regulation of the profession.

    It includes provisions for:
    - continuing the Association of Occupational Therapists as the College of Occupational Therapists of Manitoba;
    - establishing a governing council with public representatives;
    - requiring the registration of occupational therapists;
    - creating processes for handling complaints and discipline.

The Registered Dietitians Act (Not yet proclaimed)

- ✓ *Repealed and replaced The Registered Dietitians Act to:*
  - replace the existing *Registered Dietitians Act*.
  - define the practice of dietetics and provide for the regulation of the profession.

It includes provisions for:

- continuing the Manitoba Association of Registered Dietitians as the College of Dietitians of Manitoba;
- establishing a governing council with public representatives;
- requiring the registration of dietitians;
- creating processes for handling complaints and discipline.

- It will also consequentially amend *The Professional Home Economists Act*.

The Charter Compliance Act (In force August 1, 2002)
(*In force January 1, 2003)

✓ *Amended The Charter Compliance Act to:*

- bring 56 existing Acts into compliance with the Charter of Rights and Freedoms primarily in the areas of adoption, conflict of interest and discrimination. *The Act* made amendments to the following Acts that are the responsibility of the Minister of Health:
  - *The Anatomy Act*
  - *The Dental Association Act*
  - *The Denturists Act*
  - *The Department of Health Act*
  - *The Human Tissue Act*
  - *The Medical Act**
  - *The Mental Health Act*
  - *The Registered Respiratory Therapists Act*

The Security Management Act (Various Acts Amended) (In force August 9, 2002)

✓ *Enacted The Security Management Act to:*

- amend a number of Acts including *The Public Health Act*.
- give public health officials (under *The Public Health Act*) additional powers to respond to serious health hazards and dangerous diseases.

  These include:
  - enhanced powers to make orders to prevent, remedy or otherwise deal with serious health hazards; and
  - if there is a significant and immediate threat to public health, the power to detain and treat persons suffering from dangerous diseases, subject to a court review.

  The amendments also:
  - enhance and clarify the entry and inspection powers of public health officials; and
  - enhance the ability to collect and share information relating to public health.

The Medical Amendment Act *(Physician Profiles and Miscellaneous Amendments)*
(In force August 9, 2002)

✓ Amended *The Medical Act* to:

- allow the College of Physicians and Surgeons to create individual physician profiles and make them available to the public. It also contains other amendments to *The Medical Act*, which are of a technical nature.

The Drinking Water Safety Act (Not yet proclaimed)

✓ Enacted *The Drinking Water Safety Act* to:

- establish the Office of Drinking Water and sets out a legislative scheme to provide for the improved protection of drinking water.

  It includes provisions for:

- allowing standards for drinking water quality to be established;
- requiring the licensing of public and semi-public drinking water systems;
- setting out disinfection, testing and reporting requirements for drinking water systems;
- improving the powers of officials to require monitoring and to take action where necessary to protect the public;
- allowing for the establishment of a provincial database to track drinking water risks and trends.

The Non-Smokers Health Protection Amendment Act (* In force August 9, 2002)
(**Not yet proclaimed)

✓ Amended *The Non-Smokers Health Protection Act* to:
- strengthen the prohibition against providing tobacco to children, and increasing the penalties for this and other offences;*
- place limits on the advertising, promotion and display of tobacco.**

The Public Health Amendment Act (In force August 9, 2002)

✓ Amended *The Public Health Act* to:
- permit the seizure and forfeiture of inhalants that are used as intoxicants, such as gasoline, nail polish and glues.
- provide for licences issued under three statutes to be refused, suspended or cancelled if a person repackages, possesses or provides inhalants to be used as intoxicants.

  The statutes are:
  - *The Gasoline Tax Act*
  - *The Motive fuel Tax Act*
  - *The Retail Sales Tax Act*.

REGULATIONS

The Health Services Insurance Act

Amendments were made to:

- the *Hospital Services Insurance and Administration Regulation* to reflect changes to the hospital per diem rates.
- the *Personal Care Services Insurance and Administration Regulation* to set the authorized charges for residential care in personal care homes effective August 1, 2002.
- the *Personal Care Homes Designation Regulation* to update the list of Personal Care Homes.
- the *Chiropractic Services Insurance Regulation* to reflect the amount of benefits to be paid in respect of insured chiropractic services.
- the *Payment for Insured Medical Services Regulation* to reflect current rates of payment to fee-for-service physicians.
- the *Hospital Designation Regulation* to update and organize it by health region.
- the *Hospital Services Insurance and Administration Regulation* and the *Medical Services Insurance Regulation* to ensure they are consistent with published policy and clarify benefits provided outside of Canada.
- the *Optometric Services Insurance Regulation* to reflect current optometric rates of payment.

The Prescription Drugs Cost Assistance Act

- ✓ *Amended the Specified Drugs Regulation* to update the Schedule.
- ✓ *Amended the Prescription Drugs Payment of Benefits Regulation* to increase the Pharmacare deductible.

The Pharmaceutical Act

- ✓ *Amended the Manitoba Drug Interchangeability Formulary Regulation* as required to update the Formulary.
- ✓ *Amended the Pharmaceutical Regulation* to meet labour mobiliy obligations under the Agreement on Internal Trade and to update public protection measures.

The Registered Psychiatric Nurses Act

- ✓ *Enacted the Registered Psychiatric Nurses Regulation* as required in accordance with the new *Act* passed in 1999 and sets out the requirements for registration, renewal of registrants, establishment, content and maintenance of registers and standards of practice.

The Regional Health Authorities Act

- ✓ *Enacted the Assiniboine Regional Health Authority Regulation* to amalgamate the Marquette and South Westman regional health authorities and their corresponding health regions.
- ✓ *Amended the Regional Health Authorities Establishment Regulation* as required to change the boundaries of the Parkland and Central Health Regions.

The Non-Smokers Health Protection Act

- ✓ *Amended the Documentation for Verifying Age Regulation* as required to set out the documentation that is acceptable for the purpose of verifying age.

The Mental Health Act

- ✓ *Amended the Charges Payable by Long Term Care Patients Regulation* to ensure consistency with *The Charter Compliance Act*.

The Medical Act

- ✓ *Amended the Registration of Medical Practitioners Regulation* as required to improve its transparency, facilitate labour mobility for physicians and amend conditional registration requirements.

The Personal Health Information Act

- ✓ *Amended the Personal Health Information Regulation* as required to designate additional health professions and facilities under *the Act* and set out the mandate of the Health Information Privacy Committee.

Includes 15% post-consumer waste